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ABSTRACT

This paper details plans for a one-and-one-half-day volunteer training workshop specifically designed to consider limitations such as manpower, money, time, and distance that are often encountered in the development of training events for rural areas. The paper begins by providing background on rural aging, and needs assessment information on the confined elderly and rural volunteerism training. The remainder of the document focuses on subjects included in the workshops. General Sessions in the workshop include who the confined elderly are; the physical process of aging; the psychological process of aging; communications skills; dealing with death and dying; patient rights/volunteer rights; and being a helping, caring person. Specialized sessions, which are outlined, include activity therapy, library service, friendly visiting, reality orientation, current events, and use of media and community resources. Applications for funding an event, evaluation forms, a bibliography of volunteers, and a listing of audio-visual resources to support all aspects of training are included. (Author/LRA)

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TRAINING VOLUNTEERS TO WORK WITH THE CONFINED ELDERLY: THE DESIGN OF A MODEL PROJECT WORKSHOP FOR A RURAL AREA

by

Nancy Clare Bolin

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
NATIONAL INSTITUTE OF EDUCATION

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INTRODUCTION

INTRODUCTION

> Nobody grows old by merely living a number of years...
> years wrinkle the skin, but the giving up of enthusiasms
> wrinkles the soul.
>
> Zoroaster

Mark Twain once observed that the life of his later years was one of "getting up, washing, eating, and going to bed again."[1] Unfortunately there are a number of people who accept Twain's observation to be the normal mode of existence when declining health, or any other cause, may confine the older person to a limited environment. This is not to say that activities do not occur in confined settings as much as it is to point out that life is generally routinized for the convenience of practical health practices. The individual enthusiasms which Zoroaster touts frequently find themselves so adapted to the necessity of group process, or physical survival, that their identity and importance, as well as that of the individual who espouses them, becomes tenuous at best. And so the individual, the man whom the Bible calls "the sum of all his days", finds his identity in numbers, symptoms, labels and pills for the sake of his security and/or institutional convenience. With the emphasis placed on alternative care settings it would appear that the lot of the homebound older person may be somewhat better than that of the institutionalized person.

In a statement, presenting those facts upon which librarians are said to agree in serving the elderly, Dorothy Romani has been quoted as stating, "It is not and cannot be the role of the library to change the living conditions of the aged, but it is, and it must be its concern to contribute knowledgeably to their continued function as whole human beings."[2] Fortunately, for the affiliation of this paper with library services, the American Library Association's 1971 statement of the "Library's Responsibility to the Aging mandates a broader involvement with community education and cooperative planning, which may in their emphasis on the whole human being, indeed have impact on the living conditiond of the aged in confined settings. In developing the project which this paper describes library services providers were seen to be of central importance, despite the fact that the emphasis may seem to be otherwise. A limited view of the range of potential library involvement made this necessary.

In writing of her work with and studies of the rural* elderly Esther Twente encourages service providers in rural areas to view themselves as generalists rather than as specialists in meeting the needs of their clientele. Although Twente's work focuses on the position of the social worker in the rural community her admonition has application for anyone who perceives a need and is able to mass the forces necessary to meet it. Moreover the author of this paper feels that Twente is indirectly forewarning service providers that the route to one's ultimate goal may often be a circuitous one, due to the particular character of the locale where one functions. In response to this Twente, in her own work, employs simple models and steps for intervention. She does not label beyond the clinician and facilitator roles in intervention, which are frequently interchangeable roles for the service provider in any case. In the interest of simplicity, as well as subtle effectiveness, this paper allies itself with Twente's very realistic approach to working in the interest of the rural aged. The latter half of this introductory section explores the characteristics of the rural aged in quest of

*for the purpose of this paper "rural" will be understood to include small town populations within rural areas.

their implications for library service. In the development of the workshop itself no direct attempt has been made to tell rural practitioners and volunteers about the characteristics of their own populace for a variety of reasons. Instead the author has attempted to incorporate the emphasis of those valued characteristics into the development of the workshop sessions. Since the emphasis of the workshop is on maximizing choice for the individual confined older person it is very much in keeping with those aspects of aging that are highly valued in the rural community. The historic rugged individualism of rural America has broader implications of course for the whole cohort of today's elderly.

In meeting the requirements for a good workshop the development of this project falls short in involving, as Stenzel advises, the adult learner in the planning process due to a variety of other demands. Workshop purist Earl Kelley might not approve of the methodology or the appelation "workshop" however he would be most supportive of the emphasis on resources therein. A firm believer in strong staff for training events, he views outside reading as second only thereto in importance. Outside reading for information, carefully selected and and without pressure, is considered to be an extention of the learning experience beyond the albeit limited hours of the workshop itself. In developing this workshop emphasis has been placed on presenting those resources which are locally available as well as on bringing together those forces that can contribute to the volunteer's own growth as well as extending his or her knowledge of the options for individual choice among the confined elderly.

In as much as it is possible the workshop will stress choice for the volunteer in the hope of stimulating the volunteer to offer this same choice - within a limited environment - to the individual confined older adult.

References

[1] B. E. Stevenson, The Home Book of Quotations, Classical and Modern (New York: Dodd, 1967), 321.

[2] Larry Dean Weitkemper, Survey of Reading Interests of Senior Citizens Using the Outreach Services of the Daniel Boone Regional Library. (Paper, 1976), 19.

Background: Rural Aging

Information gathered on rural aging through a number of studies could easily fill volumes. For the purpose of this paper, only those facts which will bear on the evolution of the project to be developed will be explored. The author, from a broader literature search, will highlight information on the rural elderly that is of particular importance in considering the status of and ramifications for service with the confined older rural person. Unfortunately, no studies were located that focused on this narrow population.

This background information is included because of the author's personal interest in the subject and its implications for library, as well as aging, services. While the implications of being from a rural environment will not have a profound impact on the content of the workshop itself, those factors which are identified in the summary of this section ought to be given consideration in serving the older rural person. An in-depth study of some of the unique aspects of rural aging - like the different communication patterns found there from 1935 on - would have implication for developing library services to this population.

has had considerable effect on the role of the older person in the rural environment.[6]

Prior to the age of mechanization, the older person had a variety of tasks to perform on boththe farm and home fronts. An advisor to the young, the older person's wealth of experience left him in a position of esteem as did his decision-making role in the extended family. With modernization of the farm, if it remains in the family, the older person's advice was no longer relevant to the more sophisticated way of doing things. With the migration of children to distant locales, the older people lost their authoritative influence. Employment off the home place also contributed to the decrease in influence of the father's status as principle decision maker for the family unit, and hence, to the diffusion of family strength. Finally, the elders of better educated offspring frequently found themselves regarded as being of lower social status[7].

Studies by Youmans and Loeb have shown that rural retirement occurs gradually, while a study by Rogers determined that this gradual retirement leads to a gradual aging process[8]. Youmans in a study of Kentucky men noted an earlier beginning to the retirement process, due to the toll of hard labor on physical well-being, but a much later total relinquishing of the work itself[9]. Other factors influencing the gradual aging process in the work role area are: more adjustment time is allowed the individual to negotiate and anticipate retirement, social contacts can be maintained beyond retirement, and continued residence in the locale allows the individual to maintain his identity.

Identity

The value of continuing to live where one has worked lies in the continuity of traditional social contacts. In Life after 70 in Iowa, those surveyed indicated a great need to be where they knew others on a first-name basis. This personal contact and the affection attributed to it offer the support that the older rural person needs to maintain a concept of self-worth, as various roles are diminished. Out-migrants from urban areas may not find rural life as idyllic as anticipated. Sarah Matthews, in a study of the effects of transitions into small town settings, noted that the older person moving into a new community setting may find a lack of personal identity and consequently a lack of acceptance. The immigrant into a new setting has only his age to trade upon in establishing an identity instead of a true portrait of himself as a person with a history, interests and capabilities.

Leisure

Agrarian tradition placed great value on work in conjunction with self respect. As this present older cohort grew up, leisure had no pasttime value in the rural life style. Life was hard and little time was left for "frivolity". Hence, in retirement, the most desirable things to do are work-related or the same activities undertaken on a smaller scale[10].

A study by Bultima showed that women in rural areas are able to maintain a higher level of activity than men, since they are able to continue their duties, an option not readily available to men[11]. Youman found that men have no special interest groups, have a low amount of civic participation and give only a nominal participation in political causes as they grow older. In actuality, this may be a matter of continuity in the life cycle and not a significant change with age.

As with most older people, activities that are maintained are church-related, although there is no great increase in religiousity per se[12]. The Pepin County study of Loeb et al. found that the concept of clubs or organizations for free time had little popularity with truly rural people. In the small towns, such activities might gain a base for support. Most stated activities after retirement were fairly passive in nature: cards, church, visiting and helping one's neighbors. (Loeb, 41-44)[13] (Youmans[14] 108-110).

Services

The studies concerning O.A.S.I. and those undertaken in Iowa and in Pepin County all indicate a lack of awareness of services on the part of many older people. Despite the existence of distinct information-seeking patterns, many older people do not take advantage of the limited services that are available in their community. In studies (Bander, Christianson, Sewell, Galloway, Tavis) done relating to O.A.S.I. legislation, it was found that newspapers were considered to be the most informative. In an Iowa study undertaken in 1960, accurate information sources for the same legislation were rated in the following order: newspapers, tax consultant, magazines, radio, friends, meetings, television. Johnson's 1974 study in two rural Wisconsin counties, which was unrelated to any legislative issue, found that older people regarded newspapers, radio and television as the best sources of information, with friends and neighbors, club meetings, other relatives, and spouse following in descending order of preference. Thomas Childers, in his study on the Information-poor in America, notes that this phenomenon may be caused by the lack of identification of a need as a problem for which there are services available. With increased education and transportation there may be an increase in the use of and demand for services in the rural community[15]. Concomitantly, programs designed to serve the older person in rural communities must investigate ways to make their services better known.

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Support Systems

Britton notes that, like their urban counterparts, rural retired people prefer to live alone, either as a married couple or as a widow/widower, on their own place or in a nearby town, rather than moving in with their children. If declining health was serious enough, older rural people would then consider moving in with their children. Studies of rural areas support Ethel Shonas' findings that the older person will turn to a daughter or daughter-in-law as dependency approaches. This choice is in keeping with the traditional support system associated with the rural family -- when that family is geographically close.

In contrast to previous generations, the existence of more institutional facilities in small towns indicates that more older people are seeking residence in these facilities. This move is usually postponed for as long as possible, since it is the most dreaded of all. The stigma of yesteryear's "insane asylum" and "poor house" taints their acceptance of care facilities. With alternative home support services evolving, the need for institutional care may diminish[16].

The Aging Process

The past two and one-half decades have seen the evolution of a number of theories to explain the aging process. In the 1950's, the Activity Theory -- which equated healthy aging with the maintenance of a high activity pattern with successful aging -- came to the fore.[17] From the Kansas City Studies on Adult Life, Cumming and Henry devised an alternative theory of disengagement. Disengagement, as they explained it, results from the mutual withdrawal or disengagement of the individual from society and of society from the individual. To age well, these ties must be satisfactorily severed[18]. Neither theory has proven to be totally acceptable in reality.

In 1963, Rosow devised the continuity theory based on Neugarten's observation that personality is the pivitol point in the process of aging.[19] This theory allows for the continuation of the adult personality from the post-parental 50's as the basis for the individual's adjustment to aging. Research beyond this seems to support the idea of flexibility as a major factor in the aging process. As George Maddox has indicated, total withdrawal does not occur per se, as opposed to the disengagement theory, because "decrease in contact with the environment...must be interpreted in relation to an individual's base line."[20]

Maddox's observation is relevant to the rural aged who have been the subject of disengagement studies a number of times. While the rural older person might be stereotyped to fit into this disengaged role, research by Eting and Youmans, among others, has shown this not to be the case. Youmans observes that the changes which occur are not necessarily linear or degenerative and that they occur at different rates and in different aspects to each individual[21]. That the rural aged person has "disengaged" with personality continuity can be seen from the less stress-producing manner in which retirement occurs within the rural community.

In summary, the following are general characteristics of the rural aged person which should be of note when the individual is being worked with in a confined environment.

- The older rural person is the inheritor of an agrarian value system that places great emphasis on hard work and allows little room for leisure pursuits.
- The older rural person identifies with a very personal environment where his identity is known.
- Although helpful as a neighbor, his background is one of independence, with the support of a still relatively close kinship system.
- Social ties are usually church-related, although there may not be great religiousity per se, with women being more active than men.
- Needs for services may not be recognized and in receiving information regarding assistance, a distinct informational pattern may exist.

All of these characteristics present a strong basis for emphasizing individual choice when an older rural person is in a confined environment, if indeed the needs of the whole person are to be met.

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[4] Loeb, Martin B., Pincus, Allen, and Mueller, Jeanne, *Growing Old in Rural Wisconsin* (Madison School of Social Work, University of Wisconsin, 1963), 17.

[5] Butler, *op. cit.*, 32.

[6] Rogers, *op. cit.*, 1969-70

[7] *Ibid.*, 77-176

[8] *Ibid.*, 184

[9] Youmans, E. Grant, *Disengagement among Older Rural and Urban Men, Older Rural Americans: A Sociological Perspective*, ed. E. Grant (Lexington:University of Kentucky Press, 1967).

[10] Britton, Joseph H. and Britton, Jean O., "The Middle-Aged and Older Rural Person and His Family", *Older Rural Americans: A Sociological Perspective*, ed. E. Grant Youmans (Lexington: University of Kentucky Press, 1967).

[11] Twente, Esther E., *Never Too Old: The Aged in Community Life*, San Francisco: Jossey-Bass, 1970), 234.

[12] *Ibid.*, 65

[13] Loeb, Martin, *op. cit.*, 41-44

[14] Youmans, E. Grant, *op. cit.*, 108-110

[15] Bultima, Gordon, *Life After 70 in Iowa* (Ames: Iowa State University, Department of Sociology and Anthropology, 1971), 67.

[16] Twente, Esther E., *op. cit.*, 62.

[17] Havinghurst, Robert J., Neugarten, and Tobin, Sheldon S., "Disengagement and patterns of aging", *Middle Age and Aging: A Reader in Social Psychology*, ed. Bernice L. Neugarten (Chicago: University of Chicago Press, 1968), 161.

[18] *Ibid.*, 161.

[19] *Ibid.*, 162.

[20] Maddox, George, "Persistance of life style among the elderly: a longitudinal study of patterns and social activity in relation to life satisfaction", *Middle Age and Aging: A Reader in Social Psychology*, ed. Bernice L. Neugarten (Chicago: University of Chicago Press, 1968), 181.

[21] Youmans, *op. cit.*, 113-114.

NEEDS

Needs: Confined Elderly

In sampling the literature which deals with the institutionalized elderly, the many and varied needs of this particular subgroup were defined in many similar, yet disparate ways. However, a study undertaken by Jaeger and Simmons aimed at presenting the challenge of geriatrics to the nursing profession -- but with wider application for all interested in aging -- focuses on these needs in a concise, yet universal, manner.

In working with the confined older person, a distinction should be made between those needs which are instrumental and those which are fundamental. Instrumental needs are closely related to the social and cultural milieu of which the older person is a part. These needs are often variable, short-term and provisional goals for the aging person. However, they may indirectly be the major means for his strivings during his declining years[1]. In briefly exploring rural aging earlier, certain general characteristics were noted that effect the instrumental needs of the confined older rural person.

Fundamental needs are, as the name implies, universal needs and wants that are characteristic of all ages and cultures. While related to those needs outlined by Maslow and Erickson, the needs of the older person defined herein are those Simmons found in the adaptive behavior of old people in a world-wide sampling of seventy-odd societies. The identified needs, as defined in Jaeger and Simmons' The Aged Ill, are:

1. To live as long as possible, or at least until life's satisfactions no longer compensate for its privations or the advantages of death seem to override the burdens of life .....

2. To preserve and conserve one's energies and potentials, physical and otherwise against depletion.

3. To safeguard and strengthen, whenever possible, prerogatives acquired earlier in life, such as knowledge and skills, possessions, rights, and authority or prestige.

4. To continue some pertinent participation in group affairs, either in an operational or supervisory role. Almost any sharing of interests and activities is preferred for its own sake, regardless of secondary gain therefrom, over sheer idleness on the part of the past of the aged or indifference on the part of associates significant to them.

5. Finally, to find a closurein one's life, when necessity calls for it, that is as creditable and satisfying as circumstances permit and that has maximum prospects for an attractive and rewarding hereafter[2].

In identifying these needs for basic security, achievement and fulfillment, society in general is challenged to provide the individual the opportunity to have these needs met, even when physiological and environmental limitations intervene. These needs must be noted and responded to in developing an educational model for training volunteers who will work with the confined elderly.

References

[1] Jaeger, Dorothea and Simmons, Leo W., The Aged Ill: Coping with Problems in Geriatric Care (New York: Appleton-Century-Crofts, 1970), 7-8.

[2] Ibid., 9-10.

Needs: Volunteer Training

In entering into this presentation, the author assumes a basic belief in the value of volunteer services as a prerequisite to developing the workshop design which this paper outlines. Although there are no available statistics to indicate how many volunteers are working with the elderly at this point in time, many programs serving this public would not be as effective as they are, nor could they perform the broad range of services that they do without volunteer assistance. In many instances -- and especially in settings involving the confined elderly -- it is the volunteer who often performs the essential jobs (outside of medical care), since there is often no employed staff members available, or too few to reach all those who should be reached[1]. Whether this is desirable or not remains to be seen; the fact is that the volunteer in this situation, even if working closely with the staff, has broader training needs than may be anticipated or dealt with by the institution.

A sample of the literature on volunteerism indicates that great emphasis is placed on the desirability of training for those involved in this work. In reality, however, the literature concerned with volunteer training indicates that many institutions and organizations do not carry this mandate beyond an orientation to the specific organization or institution involved and to the duties of the volunteer's assigned job. Knowledge of and/or sensitivity to the clientele the volunteer works with is either assumed or gained by on-the-job experience.

A study of training done in preparation for the 1971 White House Conference on the Aging found that while many programs utilized the services of volunteers, their numbers were unknown.

While a number of them attended workshops and institutes, this training was seldom required by the institution and was generally self-initiated.[2] Even in-service training for staff was not identified as being systematic at the time. The study projected that the use of volunteers would continue, and more than likely increase in the years to come, so therefore it was suggested that the maximum utilization of volunteer potentials made workshops and short courses on aspects of aging "seem of great benefit".[3]

In contrast to the less than insistent tone of the White House Pre-Conference report are the demands of a number of people working directly with the elderly.

The Stasers , in suggesting home visiting to the shut-in elderly as the work of religious groups, insists that specific training is needed by the volunteer. They do not, however, suggest just what training is needed to be more effective in this capacity[4]. A manual of the Texas Association of Homes for the Aging and Nursing Homes suggests that a good training program should include information that will contribute to understanding the emotional and medical problems of the elderly[5]. Ruth Baker takes training one step further, in her semi-annual training program, when she exposes volunteers to the special needs of the elderly with regard to human relationships. While these are obvious demands for more specific training, the actual specifications to date are somewhat limited.

In her pioneering research on work with the poor in North Carolina, Johnson noted the need for information on social problems presented with the objectivity of classroom discussions. She emphasizes a need to present the problems of the poor, the subject in the case cited, in terms of their actual situation, rather than using a glamourized public relations approach[6]. Although formal training to establish a general base of knowledge about a subject is called for, the volunteer seldom receives this type of training, unless it is sought out by the individual. Lowry specifies that each project dealing with older people needs to have a well-developed orientation and training program. He goes on to say that this training should make available factual information on aging, as well as the needs and aspirations of the older person. Most importantly, however, Lowry emphasizes that training should allow individuals to express their feelings about the elderly and thus deal with the aged[7]. If this is to be done suitably, it would seem to be the responsibility of the institution or service agency involved. However, given the staff and funding limitations with which most care facilities and service groups are funded, the responsibility for meeting this need, then, must be taken up by another agency or a combination of agencies with the interests of the aged as their common concern.

[1] Lowey, Louis "Volunteers in Programs for the Older Citizen", The Citizen Volunteer, ed. Nathan E. Cohen, (New York: Harper, 1960), 140.

[2] Birren, James E., et al., White House Conference on Aging, 1971: Background and Issues: Training (Washington, D.C.: Government Printing Office, 1971)

[3] Ibid., 58.

[4] Staser, Carl Wesley and Staser, Helen Taft "Organized Religion and Communication Considerations", Aging and Communication Herbert J. Oyer and E. Jane Oyer, eds., (Baltimore: University Park Press, 1976), 108.

[5] Brown, Philip S., Manual on Volunteer Services in Homes for Aging and Nursing Homes (Austin, Texas Association of Homes for the Aging, 1970), 10.

[6] Johnson, Guion Griffis, Volunteers in Community Service (Chapel Hill, North Carolina Council of Women's Organizations, 1967), 190-191.

[7] Lowey, op. cit., 155-156

Needs: Local

The model project volunteer training workshop, the development of which this paper details, has its origins in the observed, expressed and implied needs of those working with the confined elderly.in this area. What the author has learned of the needs within the institution where she works has been reinforced in contacts with agencies and individuals at every turn in the development of the workshop program.

The author, a librarian, was in the process of projecting library services to the geriatric unit of a mental health facility when two very important needs were brought into focus: (1) the need for more people to work with older residents, and (2) the need for more attention to the person who happens to be a geriatric resident. From prior experience in working with and designing services for nursing homes both of these needs were recognized for their broader range of application. While acknowledging that people enter into care facilities, generally for specific health or social supports, it is also recognized that there are very important unifying needs in the makeup of an individual that goes beyond mere preservation of the body and its functions. Often care facilities are understaffed to meet these sometimes less obvious needs of mind and spirit to any great extent.

The environment of physical care facilities of its very nature limits the range of individual choice and control as does any congregate living situation. For a group at the zenith of individualism, given that as each year passes a person becomes more uniquely himself, the transition to a lumping or labeling environment cannot be without some effect. Beyond the individual's own attitudes and coping abilities lies the recognition given his "case" and others by staff. The literature on the aging is rampant with warnings about labeling and yet requests for profiles of personalities often nets terms like "geriatric", "senile", "moron", or "diabetic case". It is fortunate that so many older people are able to draw upon their own strengths to maintain their ego integrity.

Finally, but no less important, the author/librarian realizes that attendant to the development of all phases of planning, in the workshop itself, and as an underlying motivation in the original instigation of the process, would be the opportunity to bring people and resources together for the enhancement of the quality of life for all involved. The needs for making the available resources in this area known to a broader public and to stimulate the acquisition of other appropriate materials to support services to the aging are also acknowledged as factors in the development of this project. The ideal end, then, of maximizing the involved human and material resources, through the learning experience with which this volunteer training project deals, will be a broadening of choice for the confined older person.

The two counties involved in this model project are located in a borderline Appalachian area of southeastern Ohio. Muskingham County has a population of 80,000, with 34,000 estimated to reside in Zanesville, the largest city and county seat.[1] 40,856 residents live in Guernsey County, with 15,146 residing in Cambridge, the county seat.[2]

There are twelve nursing homes[3] and one mental health long-term care facility in the two-county area, with an estimated population of more than 650. Many of these agencies use volunteers in their various programs; however, a survey of a number of agencies in Guernsey County revealed that none of those polled trained volunteers per se other than, in some cases, individually to the setting and their jobs. In addition, the Guernsey County District Library is just now in the process of organizing a friends volunteer group, some of whom will eventually serve local homes and shut-ins. The need to develop a program to meet the training needs of these various institutions and individuals in serving the confined elderly became increasingly more obvious as the grant was applied for and the program was developed.

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[1] Chamber of Commerce, Zanesville, Ohio

[2] Chamber of Commerce, Cambridge, Ohio

[3] Directory of Licensed Nursing, Rest Homes and Homes for the Aged in Ohio (Ohio, Department of Health, 1971)

THE RESPONSE

Project Development

The development of the action programs, with which this paper is concerned, is of necessity very simple, primarily due to the limitation of time and the distances involved in bringing people together. The model being used is the educational problem solving model. Admittedly, due to the press of time in developing the grant proposal itself for almost immediate submission, and that needed for this documentation of the process, the components of the action system are not as broad or as organized as they could be, nor are all of the phases of development given as much attention as they could have been given more time.

Identification of the Problem

As previously stated, the needs-for more help in working with older people and for greater recognition of the individuality of the older person -- were brought to the attention of one person who assumed the role of facilitator in attempting to meet these stated needs. In approaching others during the course of the planning process, these needs were verified by a variety of individuals and groups concerned with the well-being of the aged in this area. It also became clear that volunteers are generally not offered training to meet this need, if any training at all. A guess is also rendered as to the negligible degree to which the staff in various confinement settings are sensitized to this need.

Almost simultaneously, the existence of funding from the Ohio Commission on Aging for training became known and a group of three of the mental health facility staff members -- the Librarian, the Volunteer Services Coordinator and the Director of Inservice Training for the Geriatric Unit -- came together for a brainstorming session in preparation for writing the grant. Since Title IV-A training funds were available for improving the level of skill of persons providing services to the elderly, a workshop, seminar or class seemed in order. In this first session, the committee was able to focus decisively on the problem to be dealt with, the methods to be used in meeting it, the content of the program, the goals to be met, the approximate time frame for action, the location and the expansion of the committee.

The basic problem to be addressed, based on a previously stated need, was that of training volunteers to a greater awareness of the personal identity and needs of the confined older person in order to maximize individual choice within an albeit limited environment. Immediately, the audience addressed was broadened to include the volunteer coordinators as well as members of the aide level staff of each institution. It was decided that volunteer coordinators would be encouraged to bring at least one representative of the aide level staff with their groups in order to dispel any possible suspicion as to the motivation of volunteers in trying to do their duties. Also, stimulating the consciousness of potential mutual support in working with patients should ideally lead to a mutual appreciation of role and, hence, a more choice-enhancing environment for the confined older person.

The recruitment of volunteers was viewed as an adjunct to the actual development of the workshop and will thus be afforded brief treatment elsewhere in this section of the paper, even though its perimeters were defined at this meeting.

The Program

Due to the limitation of time acknowledged by all and assumed for the volunteer participants, from past experience, it was decided that an intense seminar-workshop would be most appropriate. The day and a half session was decided upon as the period of time needed to cover adequately the range of subject matter the group felt it necessary to include in this single program offering. The month delay between the first day and the second half-day was decided upon as a convenience to those with a distance to travel, especially the trainers, and as the least expensive option. The committee also wanted the opportunity to see if a month's practice with the information gleaned from the first session might show some change in the attitudes or the involvements of the participants.

The content was a little more difficult to focus on so the Librarian acted as clinician in outlining the factors limiting choice and the options that enhance choice to the groups. Her focus was on an intensive experience with a great emphasis on supportive resources to promote continuing effect. The group concurred with the Librarian's focus, and it became the basis for the grant training narrative (Exhibit 2). The Librarian assumed the responsibility of developing the goals based on the group's discussion and of writing the grant proposal for submission.

Since funding would not be available until Fall, the group selected the months of October and November to focus on in order to avoid the early days of the school year and the beginning of the holiday season. September was designated as the month for the intense publicity campaign. The mental health facility was immediately decided upon as the locale for the program, primarily because the staff want to dispel the old "caretaker" institution image by exposing the facility to the public. It was also thought that this might indirectly afford an opportunity to make clear to the public that for many of the elderly here this has served as an alternative care facility, rather than as a mental health center per se. Now that people are receiving funding, and other support, they are being relocated to alternative care facilities, like those represented in the workshop, where they carry with them the stigma of institutional affiliation. It is hoped that those present may in some way be able to help them in their transition into the new environment, should they be entering one of the represented facilities.

Potential speakers were suggested by the Inservice Trainer, and the decision was made to incorporate the Area Agency on Aging Educational Consultant into the committee for the next meeting.

The Librarian proceeded to write the grant proposal to submit. the next day. The goals were more specifically delineated a week later and were then sent along to the Educational Consultant. The model project aspect of the workshop was the suggestion of the Area Agency's Educational Consultant. He pointed out that previous training in the state had focused on volunteer coordinators but nothing had been attempted so far exclusively on the volunteer level. With the model project designation and the necessary reports required written, funding of the training event was anticipated.

Goals and Evaluative Measures

The goals and measures, which were developed shortly thereafter by the Librarian and approved by the committee, were written from the first meeting's focus to show a broader range of concern, with the intent of stimulating broader involvement before and after the workshop(i.e., the focus on the needs of the aged as well as recruiting prior to the workshop) and the anticipation of other training offerings which might grow out of this workshop.

Goals and evaluative measures to be used for model project workshop for the training of volunteers to work with the confined elderly were designed as follows:

Goal 1:	Evaluation Measures
To call attention to the existence of the confined elderly and to present their needs as part of a volunteer recruitment campaign.	1. a) Ask participating agencies to determine the percentage of volunteers calling during the time span of the recruitment campaign who have been solicited by that campaign. b) In enrolling volunteer workshop participants, inquiry will be made as to whether they are: 1) present because of the campaign, 2) aware of the campaign, 3) to name any other source of their information about the workshop.
Goal 2:	
To assist individuals who participate in the workshop to achieve a better understanding of the aging process, its limitations of potentialities, as it affects the confined aged and hence their work.	2. a) Use of the Kogan Old People Scale to determine the participants perception (stereotype) of the aged. The same test will be distributed at the end of the second and final session of the workshop, which occurs one month later, to determine if there has been any change in overall group attitude towards the elderly.

Goal 2 -- contd.	Evaluation Measures
	b) Two final evaluation forms will be distributed at the end of the final session. The Ohio Commission on Aging form is mandated as part of the grant being applied for. The second form will inquire about the value of the individual sessions. All ratings will be tabulated to determine the strengths and weaknesses of the various sessions.
Goal 3: To create an awareness of resource materials and personnel available to assist in programming with the confined elderly. Through the presentations, displays and bibliographies made available during the course of the workshop.	3. a) Two weeks and six weeks after the final day of the workshop the trainers from the program will be contacted to determine if they have had further contact from program participants or participating institutions for their services, etc. b) Circulation records will be maintained for those materials listed on the bibliographies since there will be a limited number available from the regional library and the two local public libraries involved. Sign-up sheets for materials will also be available at the workshop and a record will be kept of the percentage who actually borrow and use the materials.

Goal 4:

To stimulate individuals and organizations to seek or undertake further self-education or training, in order to enhance the quality and variety of services available to the individual confined older person.

Evaluation Measures

4. a) The Ohio Commission on Aging evaluation form inquires about specific areas of interest for further training. Data will be summarized and made available to agencies interested in developing other training opportunities.

   b) In maintaining contact with the trainers, in follow-up conversations two and six weeks after the event, we will inquire about planned training events, for their own staff as well as for open attendance. This information will be made available to all who have indicated an interest.

   c) Other previously planned training events that are to be offered in the fall will be publicized at the workshop.

   d) Circulation of tapes of the various workshop sessions will be monitored.

   e) A list of workshop participants will be available for use in mailing publicity on further events.

Goal 5:

Ideally, to increase the number of options for individual choice available to the confined aged person, through the increased awareness of staff

5. a) Although difficult to measure due to the subjectivity of the response, we will contact participating volunteers six weeks after the

Goal 5 -- contd.	Evaluation Measures
and volunteers to the individual's capabilities and continuing human needs beyond mere physical care.	event to see if they have perceived any change in the range of options available to individuals which may be attributable to this program.

Program Development

With the notification of approval, the committee expanded to include the Education Consultant. Approaches were the made to agencies and institutions in the Guernsey County area regarding the workshop and a contact was made with the public library that serves Muskingum County in anticipation of making similar institution and agency contacts there.

When the second total committee meeting was held, the group worked on the outline of the program events and its format, picked the specific dates of the workshop, scheduled the development events in support of the project, and selected the trainers to be approached regarding the workshops. This second meeting, like the first, proved to be fairly long in its two and a half-hour length but was very productive, thus necessitating fewer meetings.

The Librarian again acted as clinician in presenting an outline of subjected sessions, and content to the group. It was suggested that the original workshop outline might be too energetic in its scope. Areas observed to be of particular volunteer concern were compacted into areas of focus -- problems and rights -- with the intent that other "messages" could be promoted in opening and closing remarks.

The inclusion of the death and dying segment was questioned as appropriate by the Educational Consultant in itself, as well as for the size of the groups and the length of time available. The Librarian, with the support of the Volunteer Coordinator, maintained that maximum use should be made of the time allowed and to deny that volunteers would come into contact with death, and its attendant effects in confined care settings, would be to deny them that consideration in evaluating themselves for work with the confined elderly. Concession was finally made to revising the schedule and to offer the "death and dying" session to a smaller group during concurrent short sessions on the second day. With this compromise, the schedule of events was tightly planned for maximum input and specific dates, in the designated months, were selected to allow for inclusion of the project in the Ohio Commission on Aging Training Calendar.

It was decided that the volunteer recruitment and publicity campaign would be the responsibility of the Volunteer Services Director, with the support of the Librarian, due to her skills in these areas and her need to continue developing contacts. The Librarian was given the responsibility of overall program management and the amassing of the appropriate resources -- print, media and human, to enhance the program. The Educational Consultant offered to be responsible for securing the trainers the group selected. The group proceeded to draw up a listing of trainers who would be knowledgeable and yet within a reasonable geographic range to make their travel worthwhile for the time allowed them on the program.

In addition to meeting every six weeks until shortly before the workshop, the committee set up a time frame for allied events. The Volunteer Director would be meeting monthly with the Guernsey County group and, hopefully, two or three times with the Muskingum County groups before the workshop, once the library support was secured to the point of sponsoring a meeting of agencies and institutions.

June was set as the official month by which to have "total" support and to start releasing information to both counties via letter and newspaper articles. In June, a letter of agreement will be sent to scheduled trainers as well as the "Leader Information Sheet" for the session of which they are concerned. All supportive media and print articles will be ordered for trainer preview within the next two months. Booth and demonstration participants will be contacted.

In July, publicity will intensify. Audio-visual items will be reserved for use on the scheduled dates, with back-up materials also on order in case of audio-visual misshipment, speaker withdrawal, and other unpredictable occurrences.

By August, the final bibliography for participants will be sent to the printer. Publicity will continue.

Publicity will expand to radio and television outlets, churches, clubs and organizations, as well as broader newspaper coverage. Reminder letters will be sent to trainers and display people inquiring about any special needs they may have and enclosing directions to the location. Reserves will be placed on library materials for displays. An initial order will be placed with the caterer to be confirmed by the last Friday of the month.

Additional needs will be met as they become apparent before October 3 and November 1. In-house preparations will be made prior to the workshop by the personnel as designated on the "Addendum: Physical Arrangements".

Committee Involvement

Due to the limitations of time and energy, the workshop committee will continue to be small. The responsibilities delegated to the members -- for the recruitment campaign, locating resources and contacting trainers -- will serve to develop community contacts and to facilitate a broadening of interests and interactions therein.

In developing the recruitment campaign and simultaneous publicity for the workshop representatives of other agencies and their volunteers will be drawn upon for direct involvement. The development of the resource supports for the workshop will involve the strengthening of **relationships** between libraries and other information sources. Throughout the evolution of the project staff will be seeking input and feedback from individuals as well as from the small groups with which they work.

The resource support the workshop requires will be solicited through individual contacts made by the Librarian with the area libraries, hot lines, county councils on coordinated services, and supportive state agencies. The service agencies will be encouraged to use the workshop to meet some of their own staff educational needs as well as to serve as an opportunity for a display of their wares and services. While no meeting prior to the workshop is planned of resource representatives, it is hoped that their participation in the lunch time mini-information fair will prompt the interagency communication that is needed to serve the elderly, as well as the community as a whole. Emphasis in all contacts will be on the mutual support all agencies can give to the volunteers serving the needs of the confined elderly, as well as to the confined elderly themselves.

Ideally, given more time, it might have been possible to broaden the committee to include volunteers, other institution and agency personnel, and representatives of the ultimate service receivers, the confined elderly. Under the circumstances through the method employed avoids any real or imagined power struggle by using the groups involved in an advisory capacity to the admittedly small committee. As long as those charged with this duty follow the mandate to involve those to whom the service is addressed. This logical model adequately meets the needs of this particular time and place.

Publicity: The Recruitment Campaign

The recruitment campaign for new volunteers has its roots in a variety of needs and motivations. Volunteers, in the Guernsey County area at least, are not readily recruited other than for prestigious locations: i.e., the American Red Cross volunteers and others affiliated with the local hospital. That there is a need for volunteer help locally cannot be disregarded since most institutions or facilities report themselves understaffed. There is a problem of "image" that some institutions, especially the mental health care facility in our case, have which adversely affects the recruiting of volunteers. Here, as in many rural areas, there also seems to be a recruitment problem based on the lack of a middle class peer pressure group, like that found in suburban and urban areas, from which the majority of volunteers are generally drawn. In addition, there is an attitudinal problem which states, in effect, that "anyone worth using already has a job", despite the fact that this locale has an unemployment rate of over 10% and little day care support for women who may be interested in being involved outside the home.

With the previous matters in mind, in the initial planning meeting for the workshop, it was decided that a concurrent intensive recruitment campaign might be more effective in recruiting volunteers, due to the training option being offered, while simultaneously increasing the attendance at the workshop. It was also felt that other agencies and institutions would become more involved or show more support if they perceived themselves to have a greater stake in the success of the venture. As the process continues, this is proving to be an accurate assumption.

It was also decided at the first meeting that word of the training opportunity should be verbally spread from that time until June, when the first workshop mailings would be sent out. The committee was in agreement that personal contacts with agencies and institutions should be made almost immediately. Preparation for the coming of National Volunteer Week served as the impetus for a meeting of agency and institution representatives from Guersney County, under the direction of the Volunteer Coordinator. A first-time gathering of those concerned with volunteers in the area, the group was very enthused about the support to be gained from working on publicity together. When the workshop was introduced by the Librarian and Volunteer Coordinator as a possible joint venture, the group wholeheartedly responded to the workshop as meeting their needs for recruitment and training involved in the overall project. This group will meet on a monthly basis for their own particular support needs as well as to participate in the development of the workshop.

Contact with Muskingum County agencies is being made through the public library and will hopefully follow a similar format to that employed in Guernsey County for bringing together the necessary agencies to support the venture. Unfortunately, the library director, with whom the original plans were discussed, left the area abruptly to assume another position; hence, time must be allowed for transition.

While the works of Naylor, Stenzil and Feeney can be used as resources in the development of the campaign, it is Johnson's work on volunteerism in North Carolina emphasizing total community involvement that suggests recruitment methods specifically for rural areas. The original committee intent was to highlight daily in the local newspapers a particular agency or institution serving the confined elderly and to show present or potential volunteer involvements with this agency. Spot announcements of a more general character will be used for local radio and television stations. Flyers (Exhibit 3) will be distributed to service clubs, churches, colleges, and high schools, as well as all organizations and agencies in both areas.

In addition, as a result of reading the Johnson study, some direct recruitment of low income volunteers will be undertaken, since they too have valuable services to offer but may not be exposed as readily to the campaign as it is now structured. In approaching this group, Johnson suggests face-to-face contact which assures people that they do indeed possess useful skills for volunteer work. The church is suggested as a good contact spot, since church involvement is an important aspect of rural and small town life. In recruiting the less socially motivated, Johnson also suggests emphasizing that volunteer work can be viewed as: recreational, fun, bringing with it the satisfaction of helping others, the sharing of valued skills, and can be of assistance in developing personal leadership potential. Among low income men an emphasis on prestige value was found to be effective. At this point, a volunteer fair in front of the county courthouse is under consideration as one way of meeting the whole spectrum of the county population. Ministers may be called upon to directly assist with the campaign from their pulpits.

As the time for the campaign approaches, a more precisely planned and diffusely directed strategy of recruitment should evolve.

EXHIBIT 1

FY - 1977 TRAINING EVENT

Date(s) of Event Early October/Novembe

Training event under the auspices of PSA# 9 or OCoA

Topic - A model training workshop for volunteers working with the aged in a confined setting (i.e.: home visitors, nursing homes, hospitals, institutions).

Purpose of the Event - After an intensive public relations campaign to point out the need for volunteer help in the two county area, this model workshop will offer the basic training necessary for work with the older person in a confined setting.

Location - Cambridge Mental Health and Development Center

Time of Day - One full day with a half day follow-up within one month

Audience (who and how many) - Volunteer agency personnel, facility activity personnel and/or aides and volunteers.

Any geographical or agency limitations on who attends? - Guernsey amd Muskingum counties since this is a model project.

Contact Person(s) - Nancy Bolin

Telephone -

Trainer(s) - Staff of cooperating agencies; M.A.T.C., District Education Office, Area Agency on Aging, and others to be arranged.

Amt of Older Americans Act Funds to be used - Title III

Title IV-A 700.00

Title IV-A (Supplement)

Date above information was compiled - 2/4/78

By whom? Nancy Bolin Title - Dir. of Resource Services

Please return by 2/15/78 to:

Ohio Commission On Aging, 3rd floor
50 West Broad Street, 9th Floor
Columbus, Ohio 53215 Telephone (614) 466-3184

EXHIBIT 2

Training Narrative

Many institutions and agencies using or placing volunteers in facilities serving the confined aged person seldon have the time, budget or staff to allow for appropriate training of the volunteers who are serving this special clientele. This particularly true in small facilities and those without adequate staff. Once the volunteer is aware of the physiological effects of the aging process and the role/status losses often associated with confinement he may be better able to help the individual patient/ resident or older person to maximize his or her unique personal potential for growth within the set environmental limitations. This day and a half workshop seeks to bring together the volunteer - presently working, newly recruited or those who may be considering becoming involved, the agency/ institution coordinator and staff (aide level or other), and local experts in the field of gerontology to explore ways of effectively using the resource the volunteer represents to realize the potential of the individual, while supporting the program of the institution or agency with which they are affiliated.

The morning session will address general areas of importance in working with the older person, such as: the physiological changes inherent in the aging process, with emphasis on sensory loss, and the psychological effects of aging in a confined environment. The Royer dramatization "It isn't always easy" will be used to stimulate small group discussion. A brief presentation on the potential impact of the volunteer will be presented. The closing presentation will deal with patient privacy and legal rights...

During the lunch break participants will have time to view informational exhibits displayed by the various agencies, institutions, libraries and educational facilities(offering gerontology courses)in the two county area.

The afternoon will allow the individual to choose from a variety of mini-sessions concerning the following topics: reality orientation, occupational therapy, daily living skills, programming for residents, use of media with the older person, use of books and poetry with the confined, the older person as resource, and resources and the community. All sessions will be taped for loan to those unable to attend all those sessions in which they are interested. Information packets containing all handouts and selected readings (i.e. Naomi Brill's "Basic knowledge for working with the aging") will be distributed. All sessions will offer a bibliography of materials to be used for continueing self-education. A final wrap-up session will allow for written evaluation of the program thus far and for a brief presentation on the importance of the volunteer in the life of the confined person.

The second half of the workshop, covering one half day of sessions, will explore confinement as a temporary situation for both the individual and the volunteer; contact with the dying patient will be presented in conjunction with the Kubler-Ross film "Until I die"; and self assessment for the role of volunteer in a confined setting. Issues raised in the evaluation of the initial day's sessions will be fielded by a panel of those presenting the sessions; volunteer coordinators and agency representatives. A final evaluation will be solicited for incorporation in the final report on the model project. The final report will be available to all interested agencies as will the tapes of the workshop.

Prior to the workshop, preliminary publicity will be sent out to all cooperating agencies and institutions in early June. News releases will be filtered out over a period of four months to area newspapers and media outlets. A cooperative publicity campaign, intense in nature, will be undertaken, to solicit volunteer help in working with the elderly, during the month of September. The workshop, in early October, will serve as a training program for the newly recruited volunteers from this campaign.

EXHIBIT 3

VOLUNTEER WORK WITH THE CONFINED ELDERLY

A TRAINING WORKSHOP

October 4th

and

November 1st

Presented by the Cambridge Mental Health and Mental Retardation Center, in cooperation with the Area Agency on Aging, funded by Title IV-A.

To enable you, the volunteer worker,
to better understand
the people with whom you work
to locate resources to assist
you in the job that you perform
to learn from and share
with others, ideas
to enhance the life of
the confined older person.

because you care

Location:

CAMBRIDGE M.H. & M.R. CENTER
Old Route 21 North
Cambridge, Ohio 43725

Follow Volunteer Workshop signs to the parking lot.

Please register in advance with the attached form. There is no fee. For further information, call 614/439-1371, Ext. 320.

Registration, both days, 8:15 - 9:00 a.m.

October 4

9:00 a.m. - 5:00 p.m.

- Who are the confined aged
- The biological and psychological aspects of aging
- Legal rights of patients & volunteers
- Mini-sessions on
  - activities
  - use of media
  - library services
  - friendly visiting
  - reality orientation
  - community resources

November 1st

9:00 a.m. - 12:00 noon

- On being a helping, caring person
- Death and dying

THE WORKSHOP

The Workshop

What follows is a session-by-session overview of the planned content of the workshop. Kinney's model "Leader Information Sheet" has been adopted for distribution to each trainer. The goals of the sessions are specific and yet flexible since the trainer will be requested to emphasize individual choice, involvement in planning, et al. Each Leader Information Sheet is followed by a commentary suggested on the content, resources and techniques that might be used. Despite the background research done in the various subject areas, it must be emphasized that the suggestion of content per se are merely that - "suggestions". Since the trainers involved are highly regarded and/or experienced in their area of competency, the content willbebased on their perceptions of needs, ideas, techniques, etc., in addition to the goals, perhaps somewhat modified, that we have set forth. The committee sees the day's program as overly ambitious at times but feels simultaneously that the volunteer participants are entitled to the broadest possible range of stimulus that can be concentrated in the available time. Details of all aspects of the program follow. In keeping with the workshop's goal of emphasizing individual choice for the older confined adult the assumption is made that all trainers will stress this in their presentations.

FIRST DAY

Schedule: First Day

8:15	Registration
9:00	Welcome: Introductory information
9:15	Who are the confined elderly: myth and reality
9:30	How the body ages -- special considerations in working with the confined elderly
10:30	Break
10:45	How the aging process affects the person: psycho-social aspects of the life of confinement
11:45	"It isn't always easy"
12:15	Lunch/boxed booths and demonstrations of local resources and agencies
1:00	Orientation to the afternoon/change of locations
	Concurrent mini-sessions:
1:15	a. activities b. library services c. friendly visiting/daily living skills
2:25	Break/change of locations
2:45	d. reality orientation/current events e. use of media with the older person f. community resources
3:55	Change of locations
4:00	Patient rights/volunteer rights
4:20	Closing remarks

Registration

8:15 - 9:00

Upon arrival registrants will receive, at the sign-in desk, a name tag plus the following forms: a mini-course registration slip and an attitude test. They will be directed to complete the forms and to turn them in at the mini-course registration desk where they will receive their workshop packet. Coffee and tea will be available with tables nearby to create a better environment for completing the forms.

When the forms are turned in at the registration desk, the registrant will receive a workshop folder. The workshop staff person will record his mini-session choice, as well as the participant's years of experience. The latter information will be available to trainers before the mini-sessions to give a better profile of the smaller groups with which they will be working.

The workshop folders will contain the following:

- an agenda for the day with trainers identified for each session
- a map of the areas to be used in the course of the day
- copies of evaluation forms (a) 1 general sessions form
  (b) 2 mini-session forms
  (c) Ohio Commission on Aging form
- a bibliography of available print resources
- an audio-visual resources listing
- a copy of Naomi's Brill's article "Basic Knowledge for Work with the Aged"
- a copy of the American Red Cross pamphlet "Just by Being There"

- a copy of the volunteer's bill of rights
- a copy of "Crabby Old Woman"
- pad or paper, and pencil

NAME: ____

ADDRESS: ____

____

With whom do you volunteer and where? ______________________

____

How long have you volunteered in this setting? _________________

What duties do you perform? ______________________________

____

Mini-session choices: (check one from each column)

____ (a) activities

____ (b) library services

____ (c) friendly visiting

____ (d) reality orientation/ current events

____ (e) use of media

____ (f) community resources

How did you hear about this workshop?

Volunteer coordinator ____
T.V. ____
Radio ____
News Article ____
Friend ____
Other ________________

When complete, please turn these forms in at the mini-session registration desk. Thank you.

Leader Information Sheet

Section: Welcome/Introduction
Who are the Confined Aged?

Goals: To welcome those present
To state the goals of the workshop
To introduce the trainers for the workshop

Group Size/Format:
- all participants
- presentation

Time: 9:00 a.m.

Setting: Auditorium

Materials: None, other than agendas in packets to refer to

Trainer: Nancy Bolin, Moderator/Workshop Coordinator
- librarian specializing in library services to the aging
- experienced in using volunteers and providing services to the confined elderly

In welcoming those present, acknowledgement should be made of the obvious interest of those present in enhancing both their skills and, hopefully, the quality of life for those with whom they are or will be working.

An attempt should be made to profile the workshop participants as a group so that the group, as a whole, has some consciousness of its own resources to be worked with. This information can be obtained by reviewing the mailed in registrations ahead of time. The necessity for cooperation in effectively using volunteers should be mentioned in relationship to those represented -- volunteers, volunteer coordinators, administrators, service agencies, institutional aides, etc. -- as well as the potential impact of the volunteer in helping them to meet the support needs of the confined older person.

Brief introductions of the trainers who will present information or serving as facilitators during the day should be presented at this time.

In working together for the one and one-half day sessions, the following are the goals to be presented on which all energies will be focused:

1. To call attention to the existence of the confined elderly and to present their needs as part of a volunteer recruitment campaign.

2. To assist individuals who participate in the workshop to achieve a better understanding of the aging process, its limitations of potentialities, as it affects the confined aged and hence their work.

3. To create an awareness of resource materials and personnel available to assist in programming with/for the con-

fined elderly. Through the presentations, displays and bibliographies available during the workshop.

4. To stimulate individuals and organizations to seek or undertake further self education or training, to enhance the quality of services available to the confined older person.

5. Ideally, to increase the number of options for individual choice available to the confined aged person, through the increased awareness of staff and volunteers to the individual's capabilities and continuing human needs beyond mere physical care.

The emphasis of the last goal on the recognition of the individual person and the availability of individual choice -- no matter how limited will be emphasized throughout this program in recognition of the fact that as the individual ages, he becomes more uniquely himself.

People of like chronological age vary greatly in physiological age and should be allowed the freedom to live their lives accordingly. Those who support the continuity theory of aging maintain that in aging individual lifestyles continue. The fact that a person is merely old should not obscure his or her inate abilities, needs, desires and self confidence. The individualization means that each older person has specific individual needs that demand individual resolution.. In meeting these needs in a congregate setting, all service providers -- staff and volunteers -- ought not overlook the person with whom they are working.

For informational purposes, a general overview of the confined elderly will be presented.

Who are the Confined Elderly?

Because of the attention focused on institutions for the elderly in the press, in legislation and in-services, there may be a tendency for the public to think that a large proportion of those 65 years of age and over reside in institutional settings. However, of the more than 22,300,000[1] people over 65 years of age in the United States, only 5% or a little more than one million people are living in long-term care institutions[2]. Four-fifths of this group reside in nursing and personal care homes, while the remaining 1% are found in hospitals and mental health facilities[3]. Over half the residents in nursing and personal care facilities are ambulatory and continent. This proportion increases to 80% for those in mental health facilities[4]. The average age of the long-term care patient is 82 years of age, with over 20% of all institutionalized patients being age 90 or older[5].

Due to the lack of necessary economic support, the long-term care institutionalized elderly are generally found to be in the lower-middle income and poverty groups who can only obtain needed select services through institutional care. In addition, studies have shown most frequently these old-old people are women who either are widows or who have never married. Finally, in entering long-term care facilities, most people seek the health care the institutions provide to help retard further physical deterioration, to maintain remaining capacities and to restore lost functioning[6].

Of the remaining 1% of the confined elderly, those who are in geriatric and chronic disease hospitals generally are there due to extreme physical stress. Those who reside in mental health facilities also fall within this remaining 1% of the population. It should be noted that such placements are not always due to an individual's suffering from mental illness and, in many cases, admission is precipitated by organic illness[7]. In addition, these placements may also be due to a lack of alternative living arrangements or financial support. In studies undertaken by the California State Department of Mental Hygiene, and the Institute of the Pennsylvania Hospital, patient samplings showed that 38% and 54%, respectively, of the populations sampled did not belong in a hospital setting but were in need of family-care-type settings[8].

The identity of the homebound elderly is somewhat elusive. A study by Ethel Shonas estimated that for each institutionalized person over 65 years of age, there are probably two in the community who are essentially homebound and two others who are rapidly approaching this state[9]. Thus, this group represents another 14% of the population 65 years of age and older.

People anticipate and react to confinement in many ways, as Sheldon Tobin's recent study Last Home for the Aged has shown. However, for our purposes in this workshop, it is important that people become more knowledgeable about what physical limitations may be encountered in working with the confined elderly and what their psychological and social reactions may be to both the physical limitations and their confinement. Through a better understanding of those forces which effect people's lives, those involved in this workshop may be better able to support the individual person, broaden his/her range of choice, and ultimately, in working with the confined person, add greater meaning to the life of the individual with whom they are involved, as well as to their own.

References

[1] Population Bulletin: The Elderly in America (Washington, D.C.: Population Reference Bureau, 1975), 5.

[2] Botwinick, Jack., Aging and Behavior a comprehensive integration of research findings. (New York: Springer, 1973), 2.

[3] Tobin, Sheldon S. and Lieberman, Morton A., Last home for the aged: critical implications of institutionalization. (San Francisco: Jossey-Bass, 1976), 5.

[4] Atchley, Robert C., Social Forces in Later Life: An Introduction to Social Gerontology. 2nd Ed. (Belmont, Ca.: Wadsworth Publishing Co., 1977), 116.

[5] Tobin, op. cit., 3

[6] Ibid. 2

[7] National Institute of Mental Health. Research on the Mental Health of the Aging, 1960-1976. (Washington, D.C.: U. S. Government Printing Office, 1977), 59.

[8] Ibid. 62

[9] Tobin, op. cit., 15

Leader Information Sheet:

Section:	How The Body Ages - Special Considerations
Goals:	- To familiarize volunteers with two conditions which effect communication in working with many older people - To help volunteers to react knowledgeably to those conditions in working with the confined elderly
Group size/format:	All participants Lecture
Time:	- One hour - 9:30 to 10:30 a.m.
Setting:	Auditorium
Materials:	"Age-Related Vision and Hearing Loss: An Empathetic Approach" - slide/tape Slide projector/screen
Trainer:	[redacted] Speech and Hearing Center [redacted], Ohio

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- deals with larger percentage of city's elderly in his work
- has served as a trainer for other Ohio Commission on Aging Workshops

The emphasis in this hour-long session will be on understanding those two major disorders and the behavioral effects attendant thereto which the volunteer is likely to come into contact while working with the confined older person: loss of visual acuteness and impaired hearing. Other aspects of the aging process, including reference to specific chronic disorders, will be covered in a reading placed in the workship resource packet. The Red Cross publication "Just By Being There..." is a very good brief publication that gives background information on the physiology of aging, as well as a variety of physical conditions often encountered with suggestions for supportive response on the part of the volunteer in working with the patient.

Studies (Riley, Spiegelman) have shown that chronic impairments become more prevalent as a person ages and may eventually restrict activity physically when coupled with chronic diseases[1]. Two of the most common chronic impairments older people must contend with are vision and hearing changes.

In presenting the types of loss associated with visual acuity and hearing impairment, the slide/tape presentation "Age-Related Vision and Hearing Changes: An Empathetic Approach" will be used. The speaker will then expand upon the implications for working effectively with older people affected by these losses by understanding what these losses may mean to the individual. The need for heightened awareness in these areas is made clear as a result of the studies undertaken by Bloom, et al., which showed that hearing impaired individuals were often treated as if they were senile when they exhibited the symptoms of being inattentive, displayed a strained facial expression, or answered questions inappropriately.[2]

Today's elders may exhibit a higher rate of auditory loss due to the lack of antibiotics in their childhood and adolescence. Quite often, those working with the aged are not aware of the hearing disabilities or the extent of impairment and, hence, may not accommodate for it. Bettinghaus and Bettinghaus note particularly the lack of sign language programs for older adults and those working with them.

Diminished visual perception also leads to restriction of environment and, hence, to increased problems in communications. The dependence placed on the eyes for gaining environmental information is obvious. In addition to problems of distrust, awkwardness, fear of the unclear or unseen and the reactions thereto, are the problems of communication which require sight (i.e., reading labels, being able to help oneself to items, choice in reading matter or viewing)[4]. The existence of a visual impairment in an older person is more easily recognized by those working with that individual but demands greater time and patience in working with the individual to maintain greater self-sufficiency.

Lest the time limitation on the speaker, in combination with the media presentation, seem questionable, it has its basis in the results of a study undertaken by Fatula[5]. In presenting a short-term sensory impairment program for gerontological service providers in an institutionalized setting, she found that the combination of lecture, film, discussion, and simulation proved more effective in presenting the behavioral effects of sensory loss. The total training program affected the attitudes of those involved towards a more positive stereotyping and created a greater understanding of the loss so that the providers were more empathetic. The final assessment of the training indicated that the positive results were not totally dependent on the charisma of the instructor or the audio-visual mechanism.

The program we have planned will allow for use of simulation through the audio-visual presentation. The trainer for this session will also participate in the "Library Services" and "Use of Media with Older People" mini-sessions.

References

[1] Kimmel, Douglas C., Adulthood and Aging (New York: John Wiley, 1974), 358.

[2] Bettinghaus, Carole O. and Bettinghaus, Erwin P. "Communication Consideration in Health Care", Aging and Communication, ed. Herbert J. Oyer and E. Jane Oyer, (Baltimore: University Park Press, 1976), 131.

[3] Ibid., 130.

[4] Ibid., 134.

[5] Fatula, Betty J. Evaluation of Sensory Impairment Program for Gerontological Service Providers, Pennsylvania State University, University Park College of Human Development, June 1975.

Leader Information Sheet

Section: How The Aging Process Affects The Person

Goals:

- To create an awareness of the varied responses to physical change and social stresses encountered among confined adults
- To expose the volunteer to the effects engendered by confiment, in addition to those of aging
- To make the volunteer aware of the possible compensations the confined individual can reach in adjusting to his/her situation with emphasis on the necessity of support from those with whom the individual comes in contact

Group size/format: All participants

Lecture

Time: 1 hour

10:45 - 11:45 a.m.

Setting: Auditorium

Materials: Blackboard/chalk

Trainer: [redacted], Educational Consultant
Area Agency on Aging, District 9
Cambridge, Ohio

- life-span psychologist
- trainer for the Ohio Commission [illegible] Aging
- instructor in gerontology, Oh[illegible]niversity Extension

In presenting this session on the psychosocial effects of aging on the life of the confined older person, the speaker will employ Lawton's model for coping behavior related to environmental change. A brief overview of those social and psychological changes associate with normal aging will be given before the effects of institutionalization are explored.

Many studies have been undertaken regarding the affects of aging on the lives of individuals in various cohorts. While many theories are offered concerning the aging process itself, the social and psychological effects of aging are seen to be consistent. In losing the work role, the older person experiences a loss in status, more leisure time, and a loss of purpose. Reduced income brings with it a change in living standards and possibly even the loss of a home. Generally, the older person experiences a loss of status within the family unit and in the community. People and possessions are more frequently lost in the latter years. As a result of all these changes, the older person frequently becomes socially isolated. The impact of chronic illness or impairments also take their toll in negative psychological effect and limitation of the social environment.

In addition to the effects of these social changes on his life, the older person must come to grips with his ever changing body image, his lack of recent memory function, and the fact of his own eventual, but ever more imminent death.[1]

In entering an institutional setting, the social psychological stresses for an individual are compounded at least initially. According to a recent study by Tobin, the impact of change on the individual is affected by the individual's prior disposition and physical state (i.e., passivity and a great degree of physical imterioration did not bode well for individual adjustment), as well as by the preparation and help he receives in making the transition.[2] Initially, the decision to enter the home and the actual entering of the home may be an admission of individual failure in that the individual is no longer able to maintain himself independently. Often this is accommodated for by accepting the situation as a trade off of independence for security, as it is invested in continuous health care.[3] Often, feelings of familial rejection are tied into the initial psychological impact.

Once institutionalized, the individual must learn to cope with congregate living and its lack of privacy. The older person is forced to associate with people he might not wish to associate with or have any contact with at all in the community. As a result of feelings of abandonment, the family frequently becomes faded from focus. Lifestyles are seldom accommodated for, so new rigid routines determine the course of the individual's life.[4] The nursing care setting requires that one be constantly aware of deteriorating health, being in need of care, of eventual death, and of having an uncontrollable future, since the group embodies these eventualities. Bettinghaus and Bettinghaus identify one of the greatest problems of institutionalization as being that of communication. A new setting requires learning new communication patterns, as well as the jargon associated with care and a new locale.[5]

Tobin's study found that inevitable adjustment is made by the individual into the institutional setting for, once there, there is really no room for any other option, given the care setting as it exists today. In addition, individuals do engage themselves in various other interpersonal relationships. Although the side effects of personality clashes are generally not appreciated by the older person, since it is observed generally as untypical of self in the previous environment, they are unquestionably necessary to the engagement process -- the option being, perceived according to Tobin, isolation and withdrawal.[6]

In his Strawberry Mansion studies, Lawton noted the adaptive coping ability found in extended care facility residents. He concluded that people modified their expectations to remain consistent with their actual potential. Adaptation levels and aspirations accordingly adjusted leave the individual option for successful performance and for the maintenance of greater self-esteem.[7] It is this coping behavior, and the supportive potential of the volunteer, that the speaker will focus on in attempting to enhance the option for individual choice in the confined setting.

References

[1] Conahan, Judith M. *Helping Your Elderly Patients* (New York: Tiresias Press, 1976), 16.

[2] Tobin, Sheldon *Last Home for the Aged*: Critical implications for institutionalization, (San Francisco: Josse-Basse, 1976), 215.

[3] *Ibid.*, 213.

[4] Brown, Philip S., *Manual on Volunteer Services in Homes for the Aged* (Austin, Texas Association of Homes for the Aging, 1970), 15.

[5] Bettinghaus, Carole O. and Bettinghaus, Erwin P., "Communication considerations in the health care of the elderly" *Aging and Communication*, ed. Herbert J. Oyer and E. Jane Oyer, (Baltimore: University Park Press, 1976), 134.

[6] Tobin, *op. cit.*, 237

[7] Lawton, M. Powell, "Coping behavior and the environment of older people", *Professional Obligations and Approaches to the Aged*, ed. Arthur Schwartz and Ivan N. Mensh, (Springfield, Ill.: Charles C. Thomas, 1974), 73-74.

Leader Information Sheet:

Section:	"It Isn't Always Easy"
Goals:	- To acknowledge the existence of varied motivations in giving and accepting volunteer assistance. - To share methods of establishing contact or resolving problems as a response to the presentation
Group size/format:	All participants/viewing, small group discussion
Time:	11:45 - 12:15 One-half hour
Setting:	Auditorium
Materials:	Video-tape of Roger's dramatization "It Isn't Always Easy" (15 minutes) VTR monitor
Trainers:	Volunteer coordinators from the county councils 1 facilitator with ten participants per group

Session: "It Isn't Always Easy"[1]

The dramatization by playwright Merrill Rogers, which will have been videotaped to cut down on the time involved in staging a live production, features the experiences of four people -- two volunteers and two nursing home residents -- as they have their initial encounter and later a second meeting. The presentation dramatizes two contrasting sets of conditions and approaches as an impetus to discussion. The situations portrayed present approaches by the volunteers -- overbearing and timid -- and receptivity on the part of the clients -- apathy and hostility -- which can serve as a fruitful basis for discussion.

The follow-up activity to the video-tape will be a fifteen minute small group (5-10 participants) discussion led by volunteer coordinators from the agencies involved in the program. Each discussion leader will be given suggestions for conducting the session which will include the following prompting questions:

1. What do you think about Miss Thorn and Mrs. Roberts in their first encounter with their clients?
2. Why do you think Mrs. Fuller was so hostile? What other causes of hostility may be encountered among older people? What are some of the possible causes of apathy among older people?
3. What changes do you think there would have been if the volunteer assignments had been reversed?
4. How would you have dealt with either of these cases?

In summing up the short discussion, the leaders will emphasize that volunteers owe themselves some self-assessment of their own motivations and a sensitivity to those drives which prompt others to respond as they do. Stress should also be placed on curbing the need to generalize the reasons for the varied client response volunteers encounter, and to point out that individual's respond here, as they do elsewhere, in light of their own personal history - and then from their response to the environment wherein they now live.

References

[1] Rogers, Merrill It Isn't Always Easy
(Ann Arbor, Michigan: University of Michigan Press, n.d.)

Lunch Break

Since the locale of the workshop limits dining options, a boxed lunch will be served, with coffee and tea available.

In order to maximize the time of the participants in this program and to create a broader range of learning opportunities, the lunch break will also allow time for casually viewing displays arranged around the perimeter of the auditorium. Displays and demonstrations of relevant materials will be offered by the following:

Continuing education:	Ohio University, Zanesville Muskingum Area Technical College
Talking book service:	Regional Library for the Blind & Physically Handicapped (demonstration of equipment)
Library services:*	John G. McIntire Public Library, Zanesville Guernsey County District Public Library, Cambridge

Sign-up sheets for the titles listed on the workshop bibliography will be available as will literature and other resources (in film listing) available from the local libraries.

Crisis hotlines:	Guernsey County Muskingum County
Informational sources:	Guernsey County Council on Coordinated Services Muskingum County Council on Coordinated Services

Volunteer councils of both counties

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*Sign-up sheets for the titles listed on the workshop bibliography will be available as will literature and other resources (i.e., film listings) available from the local libraries.

The Moderator will again introduce the trainers for the afternoon mini-sessions and will indicate the general direction of the rooms in which the various sessions will take place. She will emphasize the need for volunteers to think in terms of individual resident/patient needs and interests while participating in these sessions.

Leader Information Sheet:

Section: Mini-Session: Activities

Goals:
- To maximize volunteer input with activities programs by reviewing the types of activities programs available to the confined elderly
- To explore those resources that help to make it easier for confined older people to be involved with the activities of their choice

Group size/format: 20 - 35 participants

Time: 1:15 - 2:25
One hour, ten minutes

Setting: Meeting room / second floor

Materials:

Trainer:
- Instructor in Human Services
Muskingum Area Technical College

Today, with improved staff and conditions in many case settings, the major activity according to a study by Gubrium is sitting around. He refers to the staff activities, officially sponsored and always scheduled, as "ceremonials" which produce a totally different set of behavioral and social patterns from the sitting around activity[1]. Of the "Ceremonials", developed to give meaning to the passage of time in the care setting, religious services are probably the least objected to in any manner. Parties, often given by volunteer groups, are useful ceremonials in that they too generally prompt the resident to take care in dressing for the occasion, give the resident some exposure to and stimulation from the often extra-institutional world of the average person, provide positive memories for later recall and enhance self-esteem through individual recognition. Other activities with volunteers can also have similar effects.

Volunteers working with activities, in congregate as well as individual settings, should be aware of the degree of direction they will be able to exercise, based on the type of activity involved and cognizant of the resources that may help them to do their work more effectively. Whether the activity program is called "occupational therapy", "activity therapy", "arts and crafts", "diversional therapy", or "recreation", it is the volunteer's obligation to be aware that different motivations do exist for the activities in which they will be engaged with the older person. Consequently, the degree of ingenuity a volunteer can utilize will be based on the type of activity program with which she is involved.

Some structured activities with which the volunteer may help are intentionally therapeutic. Occupational therapy - "prescribes activity to promote and maintain health, to prevent disability, to evaluate behavior, and to treat or train patients with physical or psychosocial dysfunction"[2] -- meets the needs of physically well, as well as the physically ill, through specific dimensional or functional tasks. Reality orientation and remotivation therapy are structured group stimulation processes that will be treated in a separate workshop section. In a less structured environment, the volunteer may be able to establish alternative recreational activities based on her own particular skills. Dance, drama, music, clubs, library services, discussions and special programming may be initiated or guided by an interested volunteer.

In exploring activities within this session, the focus will be on (1) motivation for participation and (2) techniques to use in providing activities for all types of residents (i.e., bedridden, physically handicapped, blind, etc.).

In discussing motivation, emphasis ideally will be placed on involving the older person in the planning process. Account should be taken of the individual's resources in developing activities adapted to his capacities. Not only should these activities be developed for the individual's resources, Verwoerdt in _Clinical Geropsychiatry_ stresses that time should be filled with activities that are meaningful to the older person[3].

Lifelong talents and interests do not change readily. While the individual's capacity for learning is not lost, it may take a little longer for the older person to learn a new skill just as it may take longer to perform other activities. Activities that are childlike should be avoided as they can be demeaning. In the area of crafts and similar projects, Gould indicates that the following suggestions may lead to a better experience for all:

- stress maximum enjoyment with minimum frustration
- careful step-by-step directions clearer and therefore make the task easier
- encourage activities that can be done for others in the community to enhance self image
- develop crafts for the individual's need and not necessarily those that sell [4]

In motivating participants' previous work skills could be drawn upon, as well as natural leadership talents. A volunteer should perhaps be present most of all to facilitate and draw on the knowledge and experience of those involved; ultimately, this will result in positive ego involvement and thus make the use of the time involved more meaningful[5].

It is anticipated that the speaker will be particularly resourceful in the area of adapting activities to the needs of the less able due to his training and occupation.

In advance of the workshop, the speaker will be given copies of the materials found most appropriate to this presentation in order that those materials he has found to be particularly useful can be called to attention for volunteer use as the need arises. References will also be made to the a.m. session on physical limitations.

A number of very interesting resources exist that feature suggestions or activities for incorporating the older person in a variety of activities despite any range of physical limitations. The N.C.O.A. publication Working with The Impaired Elderly features very practical suggestions in its various articles for incorporating those with vision and hearing deficits into activities. One of the articles features "Tips on Doing Handicrafts with the Blind or Visually Impaired Adult", could easily be used with a broader clientele to serve as a model for methodologically planning the development of a skill or project. Merrill's Activities for the Aged and Infirm: A Handbook for the Untrained Worker contains suggestions for activities given a broad range of limitations: wheelchair, bed patient, limited manual dexterity, senescence, other impairments and disorientation, as well as activities for the ambulatory. The suggestions for mind-stimulating activities herein are surpassed only by her guide for discussion stimulus with older adults.

After his own introduction -- stating the function of the various kinds of activities (in occupational, recreational, diversion, etc.) and the need for involving the other person's needs as well as input -- the speaker may want to use the fishbowl technique to solicit participant involvement. The first group could be asked to share their ideas about and experiences with motivating people, especially men, to join in activities. Preferences, methods and problems could be shared, whether the volunteer or any other program participant is working with a group or an individual. After an allotted period of time, a second group could address its attention to the aids they employ in working with various handicaps. Throughout stress should be placed on meeting the needs of individuals whether working with them in a group or on a one-to-one basis, thus enhancing the range of individual choice.

References

[1] Gubrium, Jaber F., Living and Dying at Murray Manor (New York: St. Martin's, 1975), 187.

[2] Cromwell, Florence S., "Role of Occupational Therapy in Health Care of the Aged", Working with Older People: A Guide to Practice, Vol. IV, Austin B. Chinn, ed. (Washington, D.C., U.S. Department of Health, Education and Welfare, 1971), 365.

[3] Verwoerdt, Adrian, Clinical Geropsychiatry (Baltimore: Williams & Wilkins, 1976), 231.

[4] Gould, Elaine and Gould, Loren, Crafts for the Elderly (Springfield, Ill.: Charles C. Thomas, 1971), 10.

[5] Merrill, Toni, Social Clubs for the Aging (Springfield, Ill.: Charles C. Thomas, 1973), 11.

Leader Information Sheet:

Section: Mini-Session: Library Services

Goals:

- To give an overview of the potential of library services
- To discuss methods whereby current practices can be enhanced to meet the needs of the confined elderly
- To emphasize ways in which handicapped aids can assist individuals in having a broader range of choice and access to information

Group size/format: 20 - 35 participants

Time: 1:15 - 2:25
One hour, ten minutes

Setting: Resource Center

Materials Talking book player, cassettes and aids
Magnification devices, and other handicap aids

Trainer: Nancy Bolin, Librarian, specializing in library services to the aging

, State Library Consultant Services to the Blind and Physically Handicapped

The American Library Association's 1971 statement on "The Library's Responsibility to the Aging" mandates that public libraries continue a well established tradition of "providing library service appropriate to the special needs of all the aged, including the homebound and institutionalized."[1] Ideally, these services should be rendered by professional librarians; however, in lieu of adequate staffing, volunteers have quite often served in this capacity. Volunteer work with the public library can mean an involvement in any one of a broad range of services with the confined older person: homebound deliveries, work with deposit collections, bookcart services, reading aloud, talking book demonstrations, film presentations, book talks, friendly visiting as an introduction to library services, and discussion groups. Not all libraries are able to provide a broad spectrum of services but most, as with many of the local libraries here, offer at least one service, despite the lack of adequate staffing in many instances.

The focus of this workshop session will be on the methods volunteers can use to help the confined elderly continue their use of print materials and assist them in obtaining access to needed information. The Louis Harris poll, on the Myth and Reality of Aging in America, indicates that 36% of the public 65 years of age and over spend a great deal of time reading and that it is an activity preferred only after those of socializing and watching television.[2] Given the assumed illiteracy level of the older American, this fact is doubly interesting.

A number of studies have focused on the specific reading interests of the elderly in general and several have focused specifically on the rural aged. Hall and Robinson's study of a rural Oregon community found that reading as a leisure time activity was preferred more than any other recreation. The interest values of older readers showed an increase of interest in politics and religion. Local news was preferred in choosing a newspaper, while the Reader's Digest was the favored magazine[3]. Hoar's 1950 study of older rural Mississippi readers found a preference for fiction over non-fiction. The most popular non-fiction category was religion.[4]

A study of North Carolina newspaper reading interests done in 1966 concluded, as had the Hall and Robinson study earlier, that the preference for public affairs news increased by age[5].

Weitkemper's 1975 study of Missouri rural and small town use of the Daniel Boone Regional Library Outreach Services found that fiction was preferred by 47.7% of those surveyed and that religious literature was still the first choice for non-fiction reading[6]. Both the Weitkemper and Hoar studies showed biographies to be the second non-fiction choice.

Of the print media available, older adults are consistent, even with increasing age, in preferring to use newspapers, magazines and books in that order[7]. This preference continues until changes in health make it difficult to read. At that point, other media utilizing more than one sense may be turned to more frequently. Studies by Steiner, among others, indicate however that newspapers are still the most important media, even to those well over 70[8]. Out of respect for this implied universal desire to continue to read, as well as recognizing the potential social contact value to be found in sharing what has been read, the session will focus on how the volunteer can help the older person to continue these pursuits.

After a presentation on the use of talking books and other devices which enhance the option of those with sensory impairments, attention will be focused on the use of print materials with groups or individually for discussion, reading aloud, small group listening and the like. A fish bowl technique may be used or the group may be split between the two trainers with a reporting session at the conclusion. The trainer for the session on "How the body ages" will be asked to participate in this latter discussion, particularly since he may have some valuable suggestions for those involved in the use of print with groups. Individual choice, as well as the enhancement of individual access, will be emphasized.

REFERENCES

[1] Murial C. Javelin, "How library service to the aging has developed" *Library Trends*, 2:3 (January, 1973), 385.

[2] Louis Harris and Associates, *The myth and reality of aging in America*, (Washington, D.C.: National Council on Aging, 1975), 59.

[3] W.E. Hall and F.P. Robinson, "The role of reading as a life activity in a rural community," *Journal of Applied Psychology* , 26 (August, 1942), 530-542.

[4] Larry Dean Weikemper, *Survey of reading interests of senior citizens using the outreach services of the Daniel Boone Regional Library*, Paper, 1976, 19.

[5] Wilbur Schramm, "Aging and mass communication," *Aging and society*, ed. Mildred Wiley et al. , (New York: Russell Sage, 1969), 366.

[6] Weikemper, *op. cit.*, 40.

[7] Harris, *op. cit.*, 208.

[8] Schramm, *op. cit.*, 367.

Leader Information Sheet:

Section: Mini-Session: Friendly Visiting/Daily Living Skills

Goals:

- To determine what a friendly visitor is
- To explore ways of developing relationships with and working through problems with clients, or
- To explore particular daily living skills with which friendly visitors may support the older person's independence

Group size/format: 20 - 35 participants

Time: 1:15 - 2:25
One hour, ten minutes

Setting: Stage area of auditorium

Materials: Movie or slide-tape
Slide projector and 16 mm projector/screen

Trainer: Connie Capriva
Visiting Nurse Association

Section: Friendly Visiting

"If you ask me as a psychiatrist what the best way is to prevent somebody from getting into a state hospital, I would have to tell you to get them a friend."[1] With these words, Carl Eisdorfer reiterates the findings of Lowenthal's research regarding the support to be found in a confidante for those living alone or without other social supports. For some, this role may be filled by the volunteer who effectively becomes a friendly visitor. In this role, the volunteer enhances the individual's sense of self-worth by helping him to meet his needs, to be responsible, to accomplish, to be approved of, and to be loved[2]. In addition, the friendly visitor serves as a link in the chain of health and social services which effect the life of the individual with whom she is involved.

In addressing the usefulness of volunteers in this capacity, Koplan, Staser and Baker emphasize the need for training and supervision. Undirected visiting may well be hazardous if the visitor lacks understanding of the shut-in, cannot listen well to others, or does not understand the purpose for visiting[3]. The training suggested falls within the overall plan of this workshop in defining who the confined older person is and how he may be affected. The mini-session is designed to give those particularly interested in the friendly visitor role some understanding of the qualities needed for and the potential services to be rendered in such work. Throughout the focus should be on the support role of the friendly visitor to the unique individual with whom she is working.

Both Koplan and Baker identify the essential qualities of a friendly visitor to be commitment of time and friendly understanding. Staser noted that repeated calls to long-term shut-ins by the same person on a regular basis are most effective in developing meaningful, caring and supportive relationships[4]. An innovative Institute of Gerontology, University of Michigan-Wayne State University, Companionship Project employed two friendly visitors per client, thus allowing not only greater flexibility for the visitors but increased social contacts for the older person. Due to the nature of the program, these diads and triads were able to interrelate to other such groups, thus establishing a network of social relationships for the confined elderly involved[5].

Short-term visiting, as is frequently found with college students doing semester projects, was explored in a study of the effectiveness to be found in using students on chronic wards. The study found that the direct value to the residents involved consisted of some alternative forms of activities and contacts to be anticipated during the time the students were present. In contrast to the student's perceptions of continuing change at the end of their placement, the long-term result for the residents lay in the value of pleasant memories of those contacts[6].

In being a friend, sensitivity and the ability to listen well for what is actually being said, as well as for what lies below a complaint, are essential qualities for the volunteer. The types of activities a friendly visitor performs should in no way limit the potentialities or discourage the person for doing for themselves. Legitimate praise should be given for tasks accomplished.

Although confidentiality is to be respected and changes in mood and behavior are to be expected, nonetheless, physical and emotional changes should be reported to supervisors or staff for possible attention. The older person should be made aware of the friendly visitor's link with staff.

In small group discussion, attention may be directed to a sharing of the dynamics found in individual relationships and, subsequently, techniques to be used to cope in trying situations. If there are not too many experienced volunteers in the group, the trainer may use the film "This Is My Friend" as a supplement to defining the role of the friendly visitor or as a stimulus to discussion.

An alternative to either of the above would be a discussion of how the friendly visitor serves as a link to various services or useful daily living skills. In conjunction with this option, the slide-tape presentation of "Easier Living" might be successfully used and related handouts distributed.

Again the trainer for this session will emphasize throughout the unique role the friendly visitor can play in maximizing the choices available to the homebound older person.

References

[1] Lorenze, Edward J. "Physical Activity and Aging", Quality of Life: The Later Years, ed. Leo Brown and Effie O. Ellis (Acton, Mass.: Publishing Sciences Group, 1975), 105.

[2] Baker, Ruth. It's Good To Have A Friend (Worcester, Mass.: Age Center of Worcester Area, Inc., 1970), 9.

[3] Koplan, Jerome. A Social Program for Older People (Minneapolis: University of Minnesota Press, 1953), 44-48.

[4] Staser, Carl Wesley and Staser, Helen Taft. "Organized Religion: Communication Considerations", Aging and Communication, Herbert J. Oyer and E. Jane Oyer, eds. (Baltimore: University Park Press, 1976), 105.

[5] Coons, Dorothy H. Companionship Project (Ann Arbor, Mich.: Institute of Gerontology, University of Michigan-Wayne State University, 1975).

[6] Scheibe, Karl E., *et al*.

College Students on Chronic Wards

Monograph #5 Community Mental Health Journal

(New York: Behavioral Publications, 1969).

[7] Baker, *op. cit.*, 26.

Leader Information Sheet:

Section:	Mini-session: Reality Orientation/ Current Events
Goals:	- To distinguish between the various time-oriented therapies with which volunteers are sometimes involved - To illustrate and discuss techniques used in time-oriented therapies
Group size/format:	20 - 35 participants
Time:	2:45 - 3:55 One hour, ten minutes
Setting:	Stage area of auditorium
Materials:	Film, 16 mm projector/screen
Trainer:	-

One of the effects of institutionalization and social isolation due to home or hospital confinement is the frequent loss of time that occurs in the life of the affected individual of any age. For an older person whose contacts are narrowed with the decline in his or her roles, and whose daily activities may become increasingly limited, for a variety of social, economic or physical reasons, this time loss only serves to further debase the individual's dwindling image of self. Field proposes that in a confined setting, the seeming disorientation to time is caused by the lack of a "focus of activity to which the passage of time can be attached"[1]. Staff may comment on the older person's preoccupation with the serving of meals, but in many settings, meals are the only activities to be anticipated on a regular basis. Butler indicates that a sense of time can be of particularly positive value to the older person when he achieves a sense of immediacy, of living in the moment. He calls this "presentness" or "elementality". Thus in this state elemental things -- like nature, human touching, children, color, shape -- "assume greater significance as people sort out the more important from the less important."[2] Thus, this period in life has the potential of being one of greater emotional and sensory awareness and enjoyment.

To move from the timelessness of inactivity to the timelessness of heightened awareness obviously requires a great number of intervening steps. The more immediate needs for time consciousness are sometimes met by aides or volunteers working in the areas of current events, reality orientation, or remotivation therapy. The current events mandate is quite obvious in its focus, and has as its problem establishing a stimulating environment to prompt participation on a regular basis.

Reality orientation, which is ideally suited for the long-term institutionalized and for those with moderate to severe brain impairment, was first developed by James C. Folsom. In these classes, "which have four patients each, the instructor presents basic personal and current information over and over to each patient, beginning with the patient's name, where he is and the date. Only when he has relearned these basic facts is the patient presented with other facts such as his age, home town or former occupation."[3] Butler suggests that these programs be offered weekly for one-half periods. In helping to draw out withdrawn residents to a more positive self-image -- emphasizes the need for sensitivity, empathy, and the ability to listen. Incani suggests basic orientation consists of observing in the classroom for two sessions.[4]

Remotivation therapy, usually conducted by a psychiatric aide or a volunteer with proper credentials, follows reality orientation, when necessary, and is a "means of reaching the large number of long-term, chronic patients, residing in large mental hospitals, who do not seem to want to move toward improvement or discharge."[5] The emphasis in remotivation therapy is to encourage social contact in order to build support for individual self awareness and self esteem. There are five steps to remotivation therapy:

1. The climate of acceptance -- establishing a warm group relationship.

2. A bridge to reality -- current events, objective poetry.

3. Sharing the world -- development of the topic through planned questions, etc.

4. An appreciation of the work of the world -- designed to stimulate patients to think about work in relation to themselves.
5. The climate of appreciation -- expression of enjoyment about being together.[6]

Merrill's book on discussion topics might well be used as a springboard by anyone interested in developing a group to discuss past experiences and current realities.

In presenting this session, the trainer will define the three levels of time orientation. The trainer may want to use one of three available films:

"December-Spring: 24-Hour Reality Orientation"

"Return to Reality"

"Time To Learn: Reality Orientation in The Nursing Home"

which we will have previewed to make his selection, to illustrate techniques used in doing these therapies effectively, before starting a dialogue to encourage reactions, suggestions, new ideas, et al. The idea of encouraging individual choice in participating as well as in content will be explored.

References

[1] Field, Minna Aging with Dignity and Honor (Springfield, Ill.: Charles C. Thomas, 1968), 125.

[2] Butler, Robert N. and Lewis, Myrna I., Aging and Mental Health 2nd ed. (St. Louis: C. V. Mosby, 1977), 29-30.

[3] Ibid., 258.

[4] Incani, Albert G., Coordinated Activity Programs for the Aged: A How-To-Do-It Manual (American Hospital Association, 1975), 73.

[5] Butler, op. cit., 258.

[6] Ibid., 258-259.

Leader Information Sheet:

Section: Mini-Session: Use of Media with the Older Person

Goals:

- To emphasize effective methods of media use
- To discuss the enhancement of current practices to better meet the needs of the confined older person
- To explore ways of making media more accessible to those with hearing and vision impairments

Group size/format: 20 - 35 participants

Time: 2:45 - 3:55
One hour, ten minutes

Setting: Resource Center

Materials: Slide projector/screen
16 mm projector

Trainer: Nancy Bolin, Librarian Specializing in Library Services to the Aging
, Speech and Hearing Center,
, Ohio

A number of studies have shown that with advancing age use of non-print media is preferred among the elderly. While the Harris poll showed that overall use of media to decline in general with age, the use of radio and television appears to diminish less rapidly.[1] Chaffee and Wilson maintain that this decline in reading and radio use may be sense related due to the decrease in visual and auditory acuity, and that the use of television may therefore be greater due to its dual sense medium.[2]

In her 1975 study of the use of print and other media in Wisconsin nursing homes Monroe found that the social climate in such care settings was characterized by the availability of media, with 83% of the homes surveyed indicating that the availability of radio and television for resident use. Most viewing areas allow for large group listening and viewing. Television sets were observed to be the most typical media found and they were noted to be regularly activated.[3] Monroe's indicates that the methods of selectivity in viewing have not been studied but the amount of individual choice is doubtful unless a set is privately owned.

Schramm in turn notes that with the increased use of mass media a greater burden is placed on the mass media to bridge the gap between the older adult and society. In citing the work of Steiner, Schramm notes that the use of television for information, as opposed to recreation/entertainment, increases to 48% among those over 65, thus suppporting his argument.[4] His findings are also supported by those of Davis, who discovered that news and public affairs programs, were preferred by those in the 55 to 80 year age bracket.[5]

While nationwide statistics generally show a decline in movie going in the later years, films are another passtime favored in many care settings. Again the use that is made of them and the resident involvement in selectivity is questionable at best. In a 1942 study of the changing tastes for different types of motion pictures, those over 45 years of age preferred serious drama, biography and travel and did not like slapstick, mystery and horror. It would be beneficial to locate other studies undertaken since this time to find out how, if at all, interests have changed.

The session today will deal with trying to make the use of film and other non-print media more meaningful in the life of the individual confined older adult. It is hopeful that individual choice will be enhanced by the emphasis on the necessity for individual imput into selectivity. Time will be devoted to conducting discussion sessions with residents to contribute to visual literacy. Other techniques of enhancing individual choice in the use of the media will be explored through large group discussion. Mr. D., of the Speech and Hearing Center may contribute his knowledge in helping volunteers with techniques that promote better comprehension and more comfortable viewing. Finally, the Bifocal Production lits will be utilized to show what good, long term visual programming for the elderly can produce.

References

[1] Louis Harris and Associates, *The myth and reality of aging in America* (Washington, D.C.: National Council on Aging, 1975), 207.

[2] Steven H. Chaffee and Donna Wilson, *Adult life cycle changes in mass media use*. Paper, University of Wisconsin, 1975, 5.

[3] Margaret E. Monroe, *The use of print and other media in nursing homes of Wisconsin in 1975*, (Madison, Wisconsin: School of Library Science and Faye McBeath Institute on Aging and Adult Life, 1977), 100.

[4] Wilbur Schramm, "Aging and mass communication," *Aging and Society*, ed. Mildred Wiley et al., (New York: Russell Sage Foundation, 1969), 366.

[5] *Ibid.*, 361.

[6] *Ibid.*, 365.

Leader Information Sheet:

Section:	Mini-Session: Community Resources
Goals:	- To present the services of those agencies which function as up-to-date information sources for the communities - To enable volunteers to choose the source of information most appropriate to their needs in working with the confined elderly
Group size/format:	20 - 35 participants
Time:	2:45 - 3:55 One hour, ten minutes
Setting:	Meeting room
Materials:	Film, 16 mm projector/screen
Trainer:	Coordinated by - Crisis Hot Line developers for Guernsey County and a representative from the Muskingum County Comprehensive Mental Health Center's Crisis Hot Line

Throughout the literature searched in preparation for the various segments of this program emphasis was consistently placed on the need for volunteers, staff, family and anyone else working with older people to be aware of the resources available to them within the community.

Information and referral for the elderly has become more prevalent in the past decade as have alternatives to institutional settings. With services duplicated on the federal, state and local levels, it is essential that some assistance be available to an individual, or someone working with him, to help clarify the individual's choices and direct him towards his options. Verwoedt, in stating the need for quick assistance for older people without going through unnecessary channels, observes that the information and referral source needs to make itself highly visible and known, not only to the community as a whole, but especially to the aged[1]. The agency, itself, is mandated to inform the older person how to take advantage of the resources and to find their way through the system.

Area hot lines, at this point, are crisis-oriented but have indicated a willingness to go beyond their crisis function to provide a broader range of informational resources. In developing this session, those in charge will solicit the help of other agency representatives -- libraries, area agency on aging, community councils and so forth -- to present their range of informational services to participants who have indicated the need to become better informed. The film "Tell Me Where To Turn" may be used in conjunction with his presentation.

References

[1] Verwoerdt, Adrian, Clinical Geropsychiatry (Baltimore: Williams and Wilkins, 1976), 231.

Leader Information Sheet

Section:	Patient Rights/Volunteer Rights
Goals:	- To make volunteers aware of those areas in which patient rights are clearly protected - To present the volunteer bill of rights for their personal consideration
Group size/format:	All participants
Time:	4:00 - 4:20 20 minutes
Setting:	Auditorium
Materials:	Brochures
Trainer:	Client Rights Advocate - to be arranged Volunteer Coordinator - to be arranged

In the areas of mental health and patient rights, there are a number of delineated rights covering a fairly broad range of subjects. The volunteer, especially one working in a setting where these rights are actively enforced, ought to be aware of their existence for the older person's well-being as well as for her own consideration and potential actions. The American Civil Liberties Union materials on the rights of hospital patients, the mentally ill and the mentally retarded will be briefly highlighted, as well as the "Client Rights"[1] brochure of the Ohio Department cf Mental Health and Mental Retardation. Volunteers will be encouraged to make sure that they are aware of the policies concerning resident or patient rights in the situation in which they work.

The "Volunteer Bill of Rights",[2] distributed by the Ohio Commission on Aging, will be discussed in terms of the needs volunteers have for meaningful use of their time, for increased variety or responsibility, for training and for treatment, as a responsible part of the service team, rather than as just another pair of hands.

References

[1] Ohio Department of Mental Health and Mental Retardation, Client Rights (Columbus, Ohio: Division of Mental Health, 1976).

[2] Glass, Beth Perspectives on Volunteerism (Columbus, Ohio Commission on Aging, 1977).

CLOSING

In closing today's session participants will be asked to complete their evaluation forms for the day's program and to turn them in before leaving. The trainers for the day will be thanked for their assistance. A reminder will be given about the training to be continued in one month, on November 1st, which will focus fpr one half day session on death and dying, communication and being a helping, caring person. Participants will be reminded about the resource people they can contact if they have any questions with regard to the workshop. After an expression of appreciation on the part of the workshop staff for their participation the participants will be released.

The workshop committee will gather the following week to review the written evaluations of the event to date. Changes in the following session will be made accordingly.

SECOND DAY

Schedule: Half-Day Session

8:15	Registration
9:00	Welcome/Introductory Remarks
9:15	Concurrent Sessions
	a. A consideration of death and dying
	b. On being a helping, caring person
	c. Communication
10:15	Break
10:30	Concurrent Sessions
	a. A consideration of death and dying
	b. On being a helping, caring person
	c. Communication
11:30	Question Period - Panel of Trainers Evaluation/Closing Remarks
12:00	Adjourn

Leader Information Sheet:

Section: Welcome

Goals:

- To welcome those present
- To recap the previous day's experience and restate the goals of the workshop
- To introduce the trainers for this workshop

Group size/format: All participants
Lecture

Time: 9:00 a.m.

Setting: Auditorium

Materials: None, other than agendas to refer to

Trainer: Nancy Bolin, Moderator/Workshop Coordinator

WELCOME

Participants will be welcomed back to the second half of the workshop and will be reminded at this time of its ultimate goal: to make a broader range of choices available to the confined older person in recognition of his individuality as a person. Once again the workshop's related goals will be cited and the events of the first day recapped in relationship to these goals. Trainers for today's session will be introduced, a description of the content of the session given, and locations announced. Participants are free to choose from any of the three concurrent sessions offered without prior registration.

Leader Information Sheet

Section:	On Death and Dying
Goals:	- To acknowledge that death is a fact of life in many care settings - To expose volunteers to their potential role in a positive psychosocial support team
Group size/format:	One third of the group, 30 - 40 people
Time:	9:15 - 10:15 / 10:30 - 11:30
Setting:	Auditorium
Materials:	"Until I Die" - film 16 mm projector/screen
Trainer:	[redacted] - psychology instructor, [redacted] College - arrested cancer victim

This brief session is included in the overall program due to the fact that for anyone working in many of the settings where the confined elderly are found, death is often an obvious fact of life. Those who are dying, and those who remain to respond to their death, need a strong psychosocial support system. The volunteer may become a part of this system, due to her regular contact with the confined elderly. Should this happen, the volunteer ought to be in touch with her own feelings about death and sensitive enough to allow the individual(s) involved to proceed as the denouement of life would require. This session, then, is designed to initiate some attention to the subject and to emphasize the needs of some of those with whom the volunteer may have contact.

The Kübler-Ross film "Until I Die" will introduce the session. The speaker will then draw upon the film, her professional knowledge and personal experience to encourage those present to develop an openness to positive support for the dying, as well as for the many, whose lives they will touch, who are engaged in the life review process.

Leader Information Sheet:

Section: On Being a Helping, Caring Person

Goals:

- To prompt participants to do a private self-evaluation of their own abilities to work with the elderly in this capacity
- To explore smother love vs. tough love

Group size/format: One third of the total group, 30 - 40 people
film/dialogue

Time: 9:15 - 10:15 / 10:30 - 11:30
One hour

Setting: Resource Center

Materials: Film: "Peege", 25 min. C.
16 mm projector/screen

Trainer:

Cambridge Mental Health and Mental Rehabilitation Center, Cambridge, Ohio

- Chaplain
- former Client Rights Advocate

FILM REVIEW[1]

Peege

SYNOPSIS

No more folksy, Norman Rockwellian Christmas scene could be imagined than "Going to see Grandma on Christmas Eve", which is what this little family of five is doing in this film. But Grandma has been for the past eight years, a patient in a custodial care home for the aged. She is now blind and unable to sit upright, control her bowels, feed herself, or remember events and people much of the time. It is in response to this grandmother -- who still is called by the affectionate title from days gone by as "Peege" -- that each member of the family reveals his own character, his own insecurities, his love or lack of it.

In a few, short, visual strokes, we see the father as bumbling and ineffectual -- a hollow figurehead for the family. The mother is obviously the motivator and seat of authority for the family, but she is brittle, impatient with the deep feelings that might disorder her composure, and is in hiding from certain realities which threaten her -- such as the old age and disability which Peege seems to represent to her.

Never having been faced much with Peege in her present condition, not remembering her too well before she became "sick", and apparently inexperienced with the task of dealing lovingly and supportively with other persons, the two younger sons are at a loss about how to act, what to say,.even how to feel. It is only the older son who responds to Peege -- as she is now and as he remembers her when he was growing up under her intermittent care -- as a fully human being.

After the rest of the family has ended their embarrassingly inept "visit" and fled to the comparative comfort of their home-bound automobile, it is this older son who remains behind for a few moments to talk to Peege rather than at her, believes in her ability to respond to his memories of their good times together, and becomes the only one really to touch her with a warm and thorough kiss.

As he leaves, probably feeling that he has failed to break through to her, Peege's face lights up in response to a still-bright and loving memory which he has succeeded in sparking for her. She smiles.

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[1] Excerpted from material distributed by Phoenix Films, Inc.

From: Cameron, Marcia J., Views of Aging: A Teacher's Guide (Ann Arbor, Mich.: Institute of Gerontology, University of Michigan, 1976).

The speaker responding to "Peege", for a brief ten-minute period, will help those present to look beyond the emotional response the film prompts from the viewer. Attention will likely be addressed to how Peege perceived the visit, the use of physical contact as a form of communication, and the need to be able to recognize one's individual apprehensions or fears in coming into contact with the frail elderly. It is anticipated that the latter section will culminate in the suggestion that the individual volunteer do a private self-assessment of his or her ability to work with the elderly by pondering the following questions which are similar to those raised by Stenzil and Feeney[1]:

1. Are we comfortable being around older people?
2. Are we able to accept older people, despite whatever handicaps, unattractive physical and/or personal traits, and difficulties they may face?
3. Are we really interested in working with rather than establishing activities for the older person?
4. Do we find value in relationships with our own older relatives, or are we working with the elderly now to make ourselves feel better about the way we have handled previous relationships?
5. Do we believe that the older person has a role in society?

Kowalski"s findings on smother love vs. tough love will be incorporated into this session as a way of encouraging volunteers to assist the confined older person to help himself and thus increase the choices available in his albeit limited life.

References

[1] Stenzil, Anne K. and Feeney, Helen M., Volunteer Training and Development: A manual for community groups. (New York: Sealbury Press, 1968), 185-186.

Leader Information Sheet:

Session: Communication

Goals:

- To explore what effective communication is and those factors which inhibit it
- To present information on the effects of brain damage that may inhibit communication

Group size/format: One third of the group, 30 - 40 people

Time: 9:15 - 10:15 / 10:30 - 11:30
One hour

Setting: Red Cross meeting room

Materials: To be arranged w/ the psychodrama group

Trainer: To be arranged
Psychodrama group

That good communication is necessary for the total physical and psychosocial well-being of an individual cannot be denied. In order to establish communication with the aged, the common barriers identified by Oyer and Oyer must be overcome. These barriers they identify as: (1) the youth orientation of society that views the older person as incapable of meaningful contributions; (2) physical isolation of the older person seems, in itself, as an inhibitor of communication; (3) changing social values between generations effect the premises upon which discussion can be based; (4) sensory losses with advancing age deter communication; (5) when the older person loses his or her decision-making power, he frequently withdraw from situations in which he would normally communicate; (6) lack of transportation inhibits opportunities for communication; and (7) retirement, in itself, can serve to cut the communication ties established over the years in one's working environment.[1]

The dispersal of accurate information to the general public, as well as to those who work with the elderly, will hopefully erode these barriers over a period of time. This workshop has tried to meet a variety of these needs for the volunteer through its various emphases. This session will be devoted to communication itself: what it is, what inhibits it and how it is done effectively. This seems to be an appropriate session in which to discuss the effects of brain damage also since they often severely limit apparent communication.

In the institutional setting, Lowenthal notes that the lack of meaningful social contacts is one of the paradoxes of institutional living. Contacts with friends and kin serve to inhibit profound isolation, while concomitantly, "it is clear that supportive relationships with staff are important if not decisive"[2] With nursing home staffs identified as giving the impression of being over-worked, undertrained, highly harassed, and barely able to cope with the physical, much less psychosocial needs of their patients, Bettinghaus and Bettinghaus stress the importance of communication in giving adequate health care and indicate that without it, the individual may be affected so as to exhibit behavior that implies presence of psychological problems which, in fact, do not exist. Fortunately, there are two new books[3] designed for aides and paraprofessionals, that devote attention to communication -- hopefully they are a sign of changing training emphasis.

To be a helping person, it is essential to be able to communicate. In communicating with an older person, especially a confined older person, one should allow for possible physical impairments, preoccupation with their own thoughts, and also the general slowing down of the thinking processes. One should initiate and respond accordingly to these limitations.

Nonetheless, for communication to occur, five elements must be present: (1) a sender, or a source of information; (2) a message, the information to be sent; (3) a channel of transmission -- sound waves for a spoken message; (4) a receiver, or something that "hears" the message; and (5) a response -- understanding and response. There are verbal and nonverbal messages and frequently these are combined. In the case of combined messages, it is the nonverbal one that is generally believed.[4]

In any case, it is interesting to note that a study (Jones) found most contacts of institutionalized adults appear to be of a rather superficial nature, since the residents themselves make the distinction between just talking to someone and really getting to know them.[5]

Hearing, as opposed to listening, will need to be explored as well as the barriers to and assets for good listening. Conahan gives a very useful treatment of basic communication that may be drawn upon for this presentation.

This session will start with a brief lecture on effective communication -- what it is and what inhibits it. A local psychodrama group, associated with the area mental health center's alcoholism program, will give a brief (a la Trigger film type) presentation which participants in groups of 5 will react to. The skit will be written by the speakers and/or committee members to lead into a lecture on aphasia and other effects of brain damage that inhibit communication, and thus limit the range of individual choice.

References

[1] Oyer, Erwin P. and Oyer, E. Jane "Communicating with older people: basic considerations", *Aging and Communication*, ed. Erwin P. Oyer and E. Jane Oyer, (Baltimore: Williams & Wilkins, 1976), 10-12.

[2] Lowenthal, Marjorie Fiske and Robinson, Betsy, "Social Networks and Isolation" *Handbook of Aging and the Social Sciences*, ed. Robert H. Binstock and Ethel Shanas (New York: Van Nostrand Reinhold Co., 1976), 449.

[3] Bettinghaus, Carole O. and Bettinghaus, Erwin P., "Communication considerations in the health care of the aging", *Aging and Communication*, ed. Erwin P. Oyer and E. Jane Oyer, (Baltimore: Williams & Wilkins, 1976), 150.

[4] Conahan, Judith M., *Helping Your Elderly Patients: A Guide for Nursing Assistants*, (New York: Tiresias Press, 1976), 67.

[5] Lowenthal, *op. cit.*, 448.

11:30 - 12:00 Closing

There will be a fifteen-minute question-and-answer session with some panelists from both days of the workshop available for comment.

The final fifteen minutes of the session will be devoted to evaluating the events of this day on the form designed for this workshop, as well as the form required by the Ohio Commission on Aging. In addition, participants will be asked to once again complete the Kogan Old People Scale for the purpose of comparison as an evaluation of the workshop. In closing, the participants and trainers will be thanked for their continued participation in the day and a half workshop. A reminder about the continuing availability of resources — human, print and audio visual — will be given as a stimulus to further learning. Final remarks will focus again on the potential impact of the volunteer on the individual's options for choice within a limited environment.

There will be a luncheon and evaluation of the half-day session for the involved trainers and the members of the workshop committee immediately following the close of this session.

EVALUATION

Evaluative Measures

In evaluating the effectiveness of the workshop, and the attendant publicity campaign established in conjunction with it, in meeting the goals of the project, a variety of tabulations will be made from the forms and sources used over a six-month period. The following information concerns the evaluation measures, the goals they are to meet, and the tools to be used in meeting them, as a basis for the final evaluative project report.

Goal 1:	Evaluation Measures
To call attention to the existence of the confined elderly and to present their needs as part of a volunteer recruitment campaign.	1. a) Ask participating agencies to determine the percentage of volunteers who call during the time span of the recruitment campaign who have been solicited by that campaign. b) In enrolling volunteer workshop participants, inquiry will be made as to whether they are: 1) present because of the campaign, 2) aware of the campaign, 3) to name any other source of their information about the workshop

A letter will be sent to all participating agencies the last week in August requesting that they: (1) maintain a record of new volunteers enrolled during the month of September, and (2) inquire of and record the response of each volunteer as to whether he is interested in joining the agency due to the current publicity campaign.

A reporting form will be sent along with the letter (Exhibit 1) to be mailed back to the committee the first week of October.

Goal 2:	Evaluation Measures
To assist individuals, who participate in the workshop, to achieve a better understanding of the aging process, its limitations of potentialities, as it affects the confined aged and hence their work.	2. a) Use of the Kogan Old People Scale to determine the participants perception (stereotype) of the confined aged. The same test will be distributed at the end of the and final session of the workshop which occurs one month later, to determine if there has been any change in the overall group attitude toward the elderly. b) Final evaluation forms will be distributed at the end of the final session. The Ohio Commission on Aging form is mandated as part of the grant received. The forms will inquire about the value of the individual sessions. All ratings will be tabulated to determine the strengths and weaknesses of the various sessions.

The Kogan Old People Scale (Exhibit 2) will be used at both sessions and a simple tabulation of the difference in answers will be made for comparison between the first and second sessions.

In developing the evaluation forms for the workshop, the works of Kinney, in geriatric training, and Stenzil and Feeney, in volunteer training, were drawn upon. The total/general sessions evaluation form is based on a model developed by Kinney (Exhibit 3). It was developed to provoke more explicit comments from participants with the intention of using participant input from the first day's session into modifying the techniques of the second half-day session, if necessary.

The mini-session evaluation form (Exhibit 3) is designed for PMR (post meeting reaction) at the end of each session. The form is based on a model developed by Stenzil and Feeney.

The half-day session, a month later, will employ the Kinney model again in its evaluation form (Exhibit 4).

In recording the comments on the Kinney model form, they will be grouped according to: method of presentation, content, media use, trainer. The mini-session forms will be tabulated by circled comment.

The Ohio Commission on Aging form (Exhibit 5) is required in conjunction with the Title IV-A grant. The evaluative information on this form will be tabulated as indicated by its arrangement.

The trainers for the program will also be asked to complete the general sessions and Ohio Commission forms. A separate tabulation of their comments will be made for inclusion in the final report.

The final report, available to the Ohio Commission on Aging, the area agency and other interested parties upon request, will relate the final tabulation of all forms.

Goal 3:	Evaluation Measures
To create an awareness of resource materials and personnel available to assist in programming with/and for the confined elderly, through the presentations, displays and bibliographies available during the workshop.	3. a) Two weeks and six weeks after the final day of the workshop, the trainers from the program will be contacted to determine if they have had further contact from program participants or participating

Goal 3 -- contd.

Evaluation Measures

institutions for their services, etc.

b) Over a three-month period, circulation records for those materials listed on the bibliographies since there will be be a limited number available from the regional library and and the two local public libraries involved. Sign-up sheets for materials will also be available at the workshop, and a record will be kept of the percentage who actually borrow and use the materials. A form will be developed to determine borrow use of materials.

Phone calls will be made to the trainers to make an informal inquiry as to whether they have received follow-up contacts from their association with the workshop.

A system of tabulating circulation statistics in conjunction with the borrower response form will be developed in cooperation with the regional library and the two county public libraries involved for those materials listed on the distributed bibliography.

Goal 4:

To stimulate individuals and organizations to seek or undertake further self education or training, to enhance the quality of services available to the confined older person.

Evaluation Measures

4. a) The Ohio Commission on Aging evaluation form inquires about specific areas of interest for further training. Data will be summarized and made available to any agency interested in developing other training opportunities.

Goal 4 -- contd.

Evaluation Measures

b) In maintaining contact with the trainers, in follow-up conversations two and six weeks after the event, we will inquire about planned training events, for their own staff as well as for open attendance. This information will be made available to all who have indicated an interest.

c) Other previously planned training events that are to be offered in the fall will be publicized at the workshop.

d) Circulation of tapes of the various workshop sessions will be monitored.

e) A list of workshop participants, who so indicate, will be available for use in mailing publicity on further events.

The evaluative measures for this goal list will be met by the constant filtering of information prior to, during, and after this workshop. All workshop participants who have indicated a desire to be informed (4e) will receive a mailing of (4b) and (4c) information six weeks after the event. The mailing list will then be turned over to the Area Agency on Aging to be used for further continuing education mailings from their office.

The circulation of tapes will be the responsibility of the sponsoring agency from which they will circulate for three months.

Requests can be made at the workshop or to the Resource Center of the sponsoring agency thereafter. At the end of that time, they will be given to the Educational Consultant from the Area Agency on Aging for use in planning similar projects.

Goal 5:	Evaluation Measures
Ideally, to increase the number of options for individual choice available to the confined aged person, through the increased awareness of staff and volunteers of the individual's capabilities and continuing human needs beyond mere physical care.	5. a) Although difficult to measure due to the subjectivity of the response, we will contact participating volunteers six weeks after the event to see if they have perceived any change in the range of options available to individuals which may be attributed to this program.

In contacting the participating volunteers after six weeks we will inquire about new offerings they may have in activities (i.e., clubs, dancing, music, etc.), reality orientation, current events, increasing new library services (in talking book, discussion groups, film discussions, etc.), a noted change in the content of a friendly visitor visit, or any offering that may be seen, by the participating volunteer, as being influenced by the workshop in offering greater individual choice. A form for surveying this information and for tabulating the results will be developed.

The results of all the aforementioned evaluations will be summarized in the final model project report of this workshop, which will be completed three and one-half months after the final workshop session.

EXHIBIT 1

TO:

FROM: Nancy Bolin
Volunteer Training Workshop
Resource Center
Cambridge Mental Health and
Mental Retardation Center
Cambridge, Ohio 43725

Please complete the following report on volunteer activity during the month of September. Please mail this report to the above address during the first week of October for use in the final workshop report, as a part of the evaluative process with regard to the mass publicity campaign. No names of individuals or institutions will be used.

Agency name:______________________________

Address:__________________________________

Phone number:_____________________________

Person reporting:__________________________

Title:____________________________________

1. No. of volunteer inquiries this month:____________
   a. No. calling because of the campaign:__________
   b. No. aware of the campaign:__________________

2. No. of new volunteers starting this month:_________
   a. No. present because of the campaign:__________
   b. No. aware of the campaign:__________________
   c. No. from other sources:____________________

EXHIBIT 2

KOGAN OLD PEOPLE SCALE

Directions: You will find a number of statements expressing opinions with which you may or may not agree. After reading each statement, please circle the answer that most accurately reflects your attitude. SA = strongly agree; A = agree; D = disagree; SD = strongly disagree.

There are no "right" or "wrong" answers--the only correct responses are those that are true for you. THIS INVENTORY IS BEING USED FOR RESEARCH PUPOSES ONLY AND IS COMPLETELY ANONYMOUS.

SA A D SD 1. Most old people get set in their ways and are unable to change.

SA A D SD 2. It is evident that most old people are very different from one another.

SA A D SD 3. Most old people can generally be counted on to maintain a clean, attractive home.

SA A D SD 4. Most old people are irritable, grouchy, and unpleasant.

SA A D SD 5. Most old people are capable of new adjustments when the situation demands it.

SA A D SD 6. Most old people bore others by their insistance on talking about the "good old days."

SA A D SD 7. Most old people tend to let their homes become shabby and unattractive.

SA A D SD 8. When you think about it, old people have the same faults as anybody else.

SA A D SD 9. Most old people would prefer to quit work as soon as pensions or their children can support them.

SA A D SD 10. Old people have too little power in business and politics.

SA A D SD 11. Most old people are cheerful, agreeable, and good humored.

SA A D SD 12. Most old people are really no different from anybody else; they're as easy to understand as younger people.

SA A D SD 13. Most old people are constantly complaining about the behavior of the younger generation.

SA A D SD 14. It would probably be better if most old people lived in residential units that also housed younger people.

SA A D SD 15. Most old people are relaxing to be with.

SA A D SD 16. Most old people should be more concerned with their personal appearance; they're too untidy.

SA A D SD 17. Most old people make one feel ill at ease.

Continued on back page.......

Con't.

SA A D SD 18. It is foolish to claim that wisdom comes with old age.

SA A D SD 19. In order to maintain a nice residential neighborhood, it would be best if too many old people did not live in it.

SA A D SD 20. Most old people spend too much time prying into the affairs of others and giving unsought advice.

SA A D SD 21. One of the most interesting qualities of old people is their accounts of their past experiences.

SA A D SD 22. There is something different about most old people; it's hard to figure out what makes them tick.

SA A D SD 23. Most old people would prefer to continue working just as long as they possibly can rather than be dependent on anybody.

SA A D SD 24. There are a few exceptions, but in general most old people are pretty much alike.

SA A D SD 25. Old people have too much power in business and politics.

SA A D SD 26. People grow wiser with the coming of age.

SA A D SD 27. Most old people seem to be quite clean and neat in their personal appearance.

SA A D SD 28. If old people expect to be liked, their first step is to try to get rid of their irritating faults.

SA A D SD 29. Most old people make excessive demands for love and reassurance.

SA A D SD 30. You can count on finding a nice residential neighborhood when there is a sizeable number of old people living in it.

SA A D SD 31. Most old people need no more love and reassurance than anyone else.

SA A D SD 32. Most old people respect others' privacy and give advice only when asked.

SA A D SD 33. It would probably be better if most old people lived in residential units with people of their own age.

SA A D SD 34. One seldom hears old people complaining about the behavior of the younger generation.

EXHIBIT 3

The workshop staff requests that you take a few minutes to reflect on the day's program -- its contents, trainers, methods, and audio-visual reports. List the most positive and the most negative reactions you have concerning the various sections of this workshop. Please be as specific as possible.

Positive	Negative

Session 1. Who are the confined elderly: myth and reality

Session 2. How the body ages - special considerations

Session 3. How the aging process effects the person

Session 4. It isn't always easy

Session 5. Communication - "Peege"

Session 8. Patient rights/volunteer rights

THANK YOU!

EXHIBIT 3

Mini-Session Evaluation Form

Name of Session:____

Please circle the most appropriate answer:

1. Did this session meet your expectations?	very much	quite a bit	some	very little
2. Did the session sustain your interest?	very much	quite a bit	some	very little
3. Did the other participants seem interested in the session?	very much	quite a bit	some	very little
4. Were you able to participate in the discussion?	very much	quite a bit	some	very little
5. Did you want to participate in the discussion?	very much	quite a bit	some	very little
6. Did you learn any new facts or get any new ideas?	certainly did	probably did	should have been more	should ha been much mor

7. What did you like about the session?

Any other comments:

EXHIBIT 4

The workshop staff requests that you take a few minutes to reflect on the day's program -- its contents, trainers, methods, and audio-visual reports. List the most positive and the most negative reactions you have concerning the various sections of this workshop. Please be as specific as possible.

Positive	Negative

Session 1. A consideration of death and dying.

Session 2. On being a helping, caring person.

Session 3. Communication.

Overall workshop reactions:

Use of films, slides, tapes:

Use of booths, demonstration during the lunch hour of the first session:

Physical arrangements:

EXHIBIT 5

Ohio Commission on Aging

PARTICIPANT EVALUATION FORM

Contract No. ____

Contractor to fill out parts a,b,c, and d prior to duplication.

a. Title of Training Event A Model Training Workshop for Volunteers Working with the Aged in a Confined Setting

b. Date(s) of Training Event October 3 and November 1, 1978

c. Location Cambridge Mental Health and Mental Retardation Center

d. Major Objectives of this Training Event 1) To create an awareness of who the confined elderly are. 2) To offer some of the basic training necessary to assist volunteers in their work with the confined elderly. 3) To provide a variety of resources to be drawn upon by the volunteer in working with elderly.

In order that the Ohio Commission on Aging may improve future training events, please respond to the following questions:

1. This training has been (check one)

   ____ Very Good ____ Good ____ Average ____ Fair ____ Poor

2. This training has been ____ relevant to my needs or ____ not relevant to my needs.

3. The major objectives of this training stated above were:

   ____ Met ____ Not met ____ Partially met

4. General comments

   ____

   ____

   ____

5. In the list of subjects below, please check the three in which you would personally like to receive more training.

   ____ Advisory Council roles
   ____ Advocacy (Legal or Consumer)
   ____ Affirmative Action
   ____ Basic Gerontology
   ____ Chore Services
   ____ Crime Prevention
   ____ Day Care
   ____ Death and Dying
   ____ Homemaker/Home Health Aide
   ____ Housing
   ____ Information & Referral
   ____ Interaction Skills
   ____ Nutrition/Meals Delivery
   ____ Outreach
   ____ Physical Fitness
   ____ Pre-Retirement
   ____ Mental Health
   ____ Recreation
   ____ Transportation
   ____ Volunteers
   ____ Other ____
   ____ Other ____
   ____ Other ____

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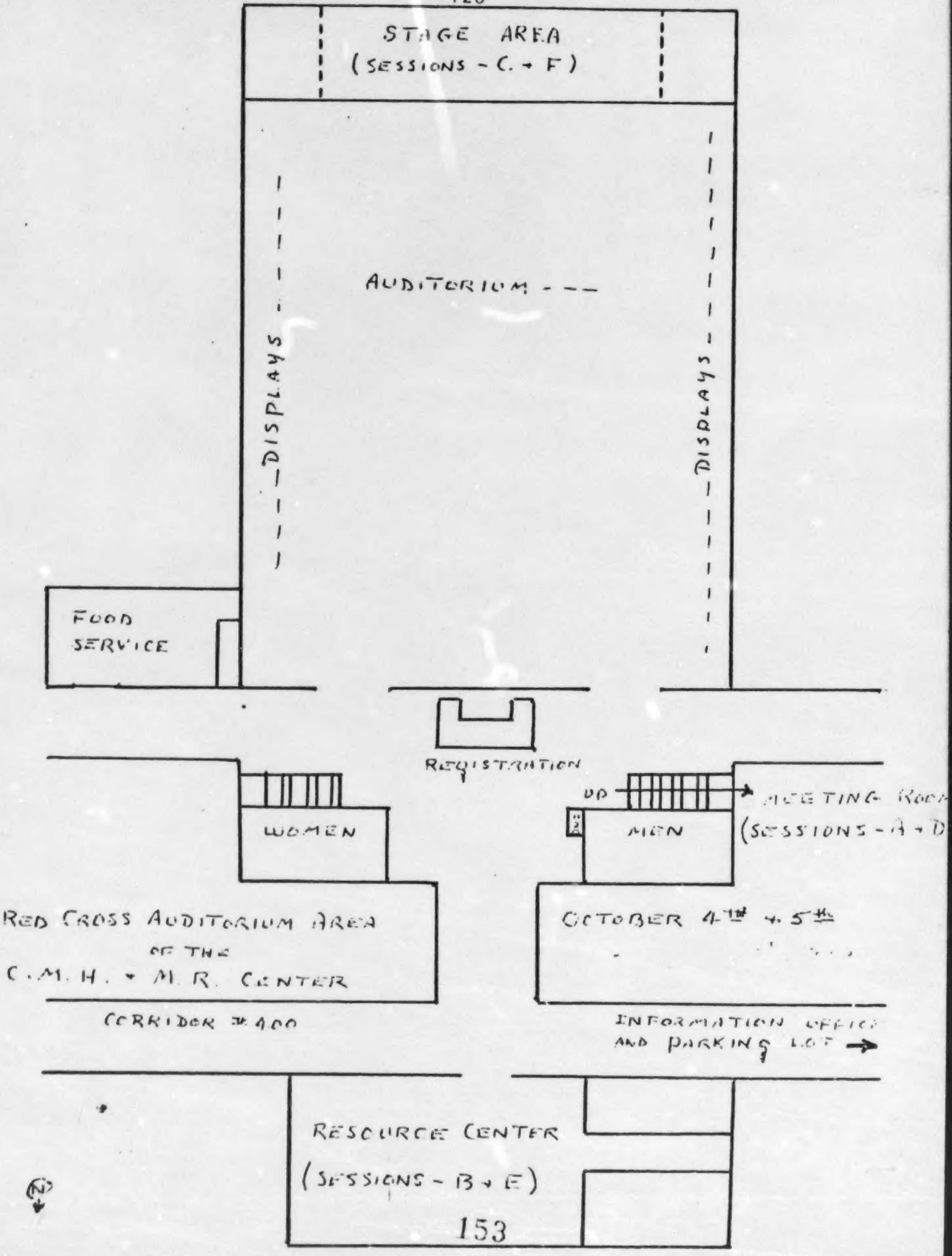
APPENDIX A

PHYSICAL ARRANGEMENTS

Arrangements:	Responsibility:
Parking - northeast lot	Security
Directional signs - parking lot information office hallways meeting rooms lavatories	Workshop Committee
Auditorium physical arrangements:	Workshop Committee
Registration - distribute name tags registration forms Kogan forms Mini-session registration - turn in registration/Kogan forms - distribute packets - distribute directional sheets	
Coffee/Tea	Volunteers - Cambridge Mental Health and Mental Retardation Ctr
Audio-visual equipment/software:	A-V Specialist, Cambridge Mental Health and Mental Retardation Ctr

Luncheon - catered by Blue Drummer, assisted by Cambridge Mental Health and Mental Retardation Center volunteers


STAGE AREA
(SESSIONS - C + F)
AUDITORIUM ---
DISPLAYS
DISPLAYS
FOOD SERVICE
REGISTRATION
UP
MEETING ROO
(SESSIONS - A + D
WOMEN
MEN
RED CROSS AUDITORIUM AREA
OF THE
C.M.H. + M.R. CENTER
OCTOBER 4TH + 5TH
CORRIDOR #400
INFORMATION OFFIC
AND PARKING LOT →
RESOURCE CENTER
(SESSIONS - B + E)
N

APPENDIX B

AUDIO-VISUAL RESOURCES

Audio-Visual Resources

"Age Related Vision and Hearing Changes: An Emphathetic Approach"
25 min. Slide/Tape Presentation

Through these color slides and the accompanying audio tape, the viewer gains an overview of vision and hearing loss, and experiences the environment as an older person does.

Available from: Institute of Gerontology
Attn: Publications
520 E. Liberty Street
Ann Arbor, Michigan 48109

Rental - $20.00 Purchase - $60.00

"Easier Living" 20 min. Slide/Tape

This is designed to trigger discussions on how to help older people discover easier and more effective methods of performing personal and household tasks.

"Open the Door through Information and Referral"
93 slides 35 mm Color Tape/Script AU

Today, older Americans face many new problems magnified by the unique age in which we live. One of their greatest problems is finding information, where to go and what to do when they need help. Some persons need nursing, someone to keep house and prepare meals, or a daily phone call to assure them that someone cares and that help could be reached in case of a stroke, heart attack, broken bone, or other emergency. Older Americans could just need to be informed of a meal site in close proximity to their homes. One phone call can put them in contact with the phone number to reach these services -- thanks to the Information and Referral provided through various community programs. Information about other services such as those dealing with retirement, housing, legal aid, medical and dental care, and employment is available at the one centralized I&R service.

"Peege" 25 min. 16 mm Color (1974)

The central theme of the film is the breaking of communication barriers to reach those isolated by age and failing mental capacities. A family visits the dying grandmother in a nursing home. She is blind and has lost some of her mental faculties. The visit is awkward and when the family leaves, the young grandson stays with her for a few minutes. He tries to trigger some response by whispering into her ear, reminding her of the happy times they had had before. He touches her. His efforts succeed, and when he leaves, she is alone again -- but now with a feeling of worth, knowing that someone cares.

"Seasons" 16 min. 16 mm Color (1971)

Deals with the health and rehabilitation of older people, including nursing and rest home conditions and effective programs in geriatric therapy.

"Tell Me Where to Turn" 27 min. 16 mm Color

Designed to show how Information and Referral services help tear down the walls between people who need help and whose job it is to give help, by bringing them together for the best interests of the community. It also shows how the referral worker can uncover unmet community needs and spur creation of new services or broadening of old ones.

"When Generations Meet" 30 min. 16 mm Color

Skilled role-play sessions with teenage volunteers, with expressions of their feelings in working with institutionalized aged, train a group of teenagers to work with older people. The film includes scenes between young and old, which documents the learning. The aged range from good health to those who are very confused. Teenagers learn about exploring fantasy in order to help orient older residents to reality.

"Where Life Still Means Living"
24 min. 16 mm B&W

A documentary about the Montefiore Home for the Aged, Cleveland. Begins with an older couple, he having suffered a stroke and lost the use of one hand. Step by step, through visits with other residents, visits to the doctor, emotional therapy and other treatment, the couple comes to feel they have found a new and wonderful home. Excellent for people working with older persons in a nursing home or retirement home setting.

"The Wild Goose" 19 min. 16 mm B&W

A hilarious satiric comedy about a misanthropic old man confined in a straight-laced nursing facility. The fiercely independent oldster spends most of his time trying to circumvent the rules and reulations and the nurses who enforce them. His rebellion is complete when he contrives a wheelchair motorized, a la Rube Goldberg, by a power lawn mower. Disrupting the entire home, he makes a slapstick escape and gleefully put-puts down the road to freedom. Made with the enthusiastic cooperation of the Sullivan County Home and its residents.

Available from: The Resource Library
Ohio Commission on Aging
50 W. Broad Street
Columbus, Ohio

"After Autumn" 9 min. Color (1974)

Reflects problems and attitudes of the elderly during their post retirement years. Demonstrating life style of this group in rural communities.

"December-Spring: 24-Hour Reality Orientation"
29 min. Color (1974)

Illustrates the application of 24-hour Reality Orientation, utilizing staff members and patients at the Tuscaloosa Veterans Administration Hospital. With reality orientation, there can be a Spring in December for the elderly.

"Raisin Wine" 18 mins. Color (1973)

This film communicates the inner feelings of adjusting and coping with growing old; and stresses the importance of an older person feeling wanted and needed. The film also stresses the importance of relationships between the very young and the very old.

"Time to Learn: Reality Orientation in the Nursing Home"
28 mins. Color (1974)

Demonstrates some of the "how to" in implementing Reality Orientation as illustrated in three different nursing homes.

Available from: Ohio Department of Health
Health Education
450 E. Town Street
Columbus, Ohio 43216

"This Is My Friend" 30 min.

Value of a friendly visiting program in using community volunteers as a service to the aged and homebound. An 83-year-old woman gains confidence.

Available from: Cook County Department of Welfare
160 North LaSalle Street
Chicago, Illinois 60601

$5.00 rental

"Until I Die" 30 min. Color

In this film, Elizabeth Kubler-Ross, Chicago Psychiatrist, explains her work with terminally ill patients, examining the five stages (denial, anger, bargaining, depression and acceptance) through which patients progress after they learn of their approaching death. An illustrative interview with a 60-year-old cancer patient and staff reactions are offered.

"A Time to Learn - Reality Orientation in the Nursing Home"
28 min. Color (1973)

This film emphasizes the implementation process of reality orientation in three distinct nursing home settings. It illustrates the actual staff training of the three facilities. Methods of implementing RO are demonstrated with only limited information on the RO concepts and basic principles.

Available from: Northern Texas State University
Gerontological Film Collection
Main Library
Denton, Texas 76203

APPENDIX C

PARTICIPANT PACKET CONTENTS

THE FOLLOWING ITEMS CAN BE FOUND ELSEWHERE IN THE TEXT:

- THE AGENDAS
- AREA MAP
- EVALUATION FORMS
- AUDIOVISUAL RESOURCES LISTING

LETTERS HAVE BEEN SENT REQUESTING PERMISSION TO COPY THE BRILL AND RED CROSS VOLUNTEER MATERIALS, THUS THEY ARE NOT INCLUDED IN THIS PACKET CHAPTER.

WORKING

WITH THE

CONFINED

ELDERLY

— a bibliography —

The resources cited herein are available through your local public library.

AN INTRODUCTION TO WORKING WITH THE AGING PERSON WHO IS VISUALLY HANDICAPPED. American Foundation of the Blind, 1972.

A helpful guide for those interested in communicating with, helping with daily living skills and locating services for the blind.

MUSIC IN GERIATRIC CARE. Bright, Ruth, St. Martins, 1972.

Discusses the use of music as part of the individual therapy program; describes specific ways of using music with specific conditions as well as the use of music for social situations. Suggestions are offered for programming with specific disabilities.

TO THE GOOD LIFE. Comfort, Alex Crown, 1976.

In an encyclopedic format and straight forward tone, Comfort reveals to the reader of any age the fact that it's more than alright to be old.

ACTIVITIES PROGRAM FOR SENIOR CITIZENS. Fish, Harriet U., Parker Publishing, 1971.

A very effective planning manual, this book deals with the needs, the techniques, and the motivation for organizing and operating an orientation program for the aged. Based on the author's 25 years as an occupational therapist.

THE SHATTERED MIND: THE PERSON AFTER BRAIN DAMAGE. Gardner, Howard, Knopf, 1975.

An investigation of the many and varied effects of brain damage on individual thought processes and behaviors. This intriguing book makes effective use of dialogues with actual patients, interviews with people who have recovered and case histories of famous artists contending with brain damage.

THE PARAPROFESSIONAL AND THE ELDERLY. Gilbert, Jeanne G., Panel Publishers, 1977.

In a comprehensive maneuver, the author gives an overview of general knowledge important for the person working with older adults. Easy reading for those with limited time.

CRAFTS FOR THE ELDERLY. Gould, Elaine and Gould, Loren, Charles C. Thomas, 1971.

Step-by-step directions are offered for a variety of inexpensive craft projects found useful in an actual nursing home setting. Includes a dictionary of craft materials, and a listing of free materials. Projects range from those for "virtually totally disabled" patients to those with ample coordinators.

DRAMATICS FOR THE ELDERLY. Gray, Paula Gross, Teachers College Press, 1974.

The author found the use of dramatics to be of particular value in working with the elderly. The author briefly describes her research in this area before entering into the techniques of implementation and the problem solving approaches she found useful. A practical handbook.

WORKING WITH THE IMPAIRED ELDERLY. Jacobs, Bella, ed., National Institute of Senior Centers, 1976.

A monograph designed to help overcome fears or doubts involved with integrating the impaired -- visual, auditory communicative or mental -- person into programming.

ON DEATH AND DYING. Kubler-Ross, Elizabeth, Macmillan, 1969.

In this "classic" work, Dr. Kubler-Ross explores the supportive needs of the terminally ill as they become aware of the finality of their lives and progress through the stages associated with dying. Interviews with terminally ill patients are related as are the reactions of staff and family when they are called upon to cope with their own defenses in confronting death.

THE ULYSSIAN ADULT: CREATIVITY IN THE MIDDLE AND LATER YEARS. McLeash, John A. B., McGraw Hill Ryerson, Ltd., 1976.

In a jestful fashion, the author notes that the conditions for creativity are more available in later adulthood and hence he argues, with wit and persistence, that older people can live creatively until their dying breath. Interesting background reading for the curious.

ACTIVITIES FOR THE AGED AND INFIRM. Merrill, Toni, Charles B. Thomas, 1967.

A 'how to do it' manual designed for the volunteer, untrained staff person or family member looking for a variety of activities in which to involve the older person as resident or patient. Leadership skills, resident needs identification, program development and evaluation, as well as volunteer services are explored.

INVOLVING MEN: A CHALLENGE OF SENIOR CENTERS. National Institute of Senior Centers, National Council on Aging, 1974.

This monograph briefly focuses on the special needs men have which should be met in programs designed for them, and offers examples of programs that have proven to be successful in involving men.

HANDBOOK ON AGING: FOR THOSE GROWING OLD AND THOSE CONCERNED WITH THEM, Smith, Elliott Dunlap Barnes and Noble, 1972.

In a very readable style, Smith addresses those aspects of the aging process dealt with most directly by the individual and those who care for him. A good overview of mental and physical effects, adjustment, decision-making and bereavement.

P.D.A.: PERSONAL DEATH AWARENESS Worden, J. William and Proctor, William, Prentice-Hall, Inc., 1976.

Awareness exercises to help overcome the fright and loneliness felt in confronting the idea of one's own death.

BILL OF RIGHTS FOR VOLUNTEERS

1. THE RIGHT TO BE TREATED AS A CO-WORKER
   - . . . not just free help
   - . . . not as a prima donna
2. THE RIGHT TO KNOW AS MUCH AS POSSIBLE ABOUT THE AGENCY
   - . . . its policies
   - . . . its people
   - . . . its programs
3. THE RIGHT TO SOUND GUIDANCE AND DIRECTION
   - . . . by someone who is experienced, patient, well-informed and thoughtful
4. THE RIGHT TO PROMOTION AND A VARIETY OF EXPERIENCES
   - . . . through advancement to assignments of more responsibility
   - . . . through transfer from one activity to another
   - . . . through special assignments
5. THE RIGHT OF RECOGNITION
   - . . . in the form of promotion
   - . . . and awards
   - . . . through day-by-day expressions of appreciation
   - . . . and by being treated as a bona fide co-worker

What do you see Nurse, what do you see?
What are you thinking when you're looking at me?
A crabby old woman, not very wise,
Uncertain of habit, with far-away eyes,
Who dribbles her food and makes no reply
When you say in a stern voice - "I do wish you'd try!"
Who seems not to notice the things that you do,
And forever is losing a stocking or shoe?
If that's what you're thinking, if that's what you see,
Then open your eyes, nurse, you're not looking at me.

I'll tell you who I am as I sit here so still
And do as you bid, and eat at your will,
I'm a small child of ten with a father and mother.
Brothers and sisters, who love one another.
A girl of sixteen with wings on her feet,
Dreaming that soon now a lover she'll meet.
A bride now at twenty - my heart gives a leap,
Remembering the vows that I promised to keep.
At twenty-five years, I have young of my own,
Who need me to build a secure, happy home.

A woman of thirty, my young grow so fast,
Bound to each other with ties that should last.
At forty, my sons have grown and are gone
But my man's right beside me to see I don't mourn.
At fifty once more babies play round my knee.
Again we know children, my loved one and me.
Dark days are upon me, my husband is dead;
I look at the future, I shudder with dread.
My young are all rearing young of their own,
I think of the years and the love that I've known.
I'm an old woman now and nature is cruel -
'Tis her jest to have age make you look like a fool.
The body, it crumbles, grace and vigor depart,
There is now a stone where once was a heart.
But inside this old carcass, a young girl still dwells,
And now and again her battered heart swells.
I remember the joys, I remember the pain,
And I'm loving and living life over again.
I think of the years all too few - gone too fast,
And accept the stark fact that nothing can last.
So open your eyes, nurse, open and see
Not a crabby old woman, look closer - See me.

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